

AUG 22 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23984

1. PLACE OF DEATH

County Saline CoRegistration District No. 668Township Marshall TwpPrimary Registration District No. 3032City Salina Mo (No.)

St. Ward

2. FULL NAME

(a) Residence, No. Specimen Mo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 yrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-18-1928</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>-</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Cooper Co13. NAME George Aldrich14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Cooper Co15. MAIDEN NAME Margaret Sibley16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Morgan Co17. INFORMANT
(ADDRESS) Flora M18. BURIAL, CREMATION, OR REMOVALPLACE Specimen Mo DATE 6-5 193519. UNDERTAKER
(ADDRESS) J. L. Spiller20. FILED 19 6-5 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 4 1935, to July 4 1935I last saw him alive on July 4 1935 Death is said
to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

acute pneumonia

Date of onset

Other contributory causes of importance:

hypertensionName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

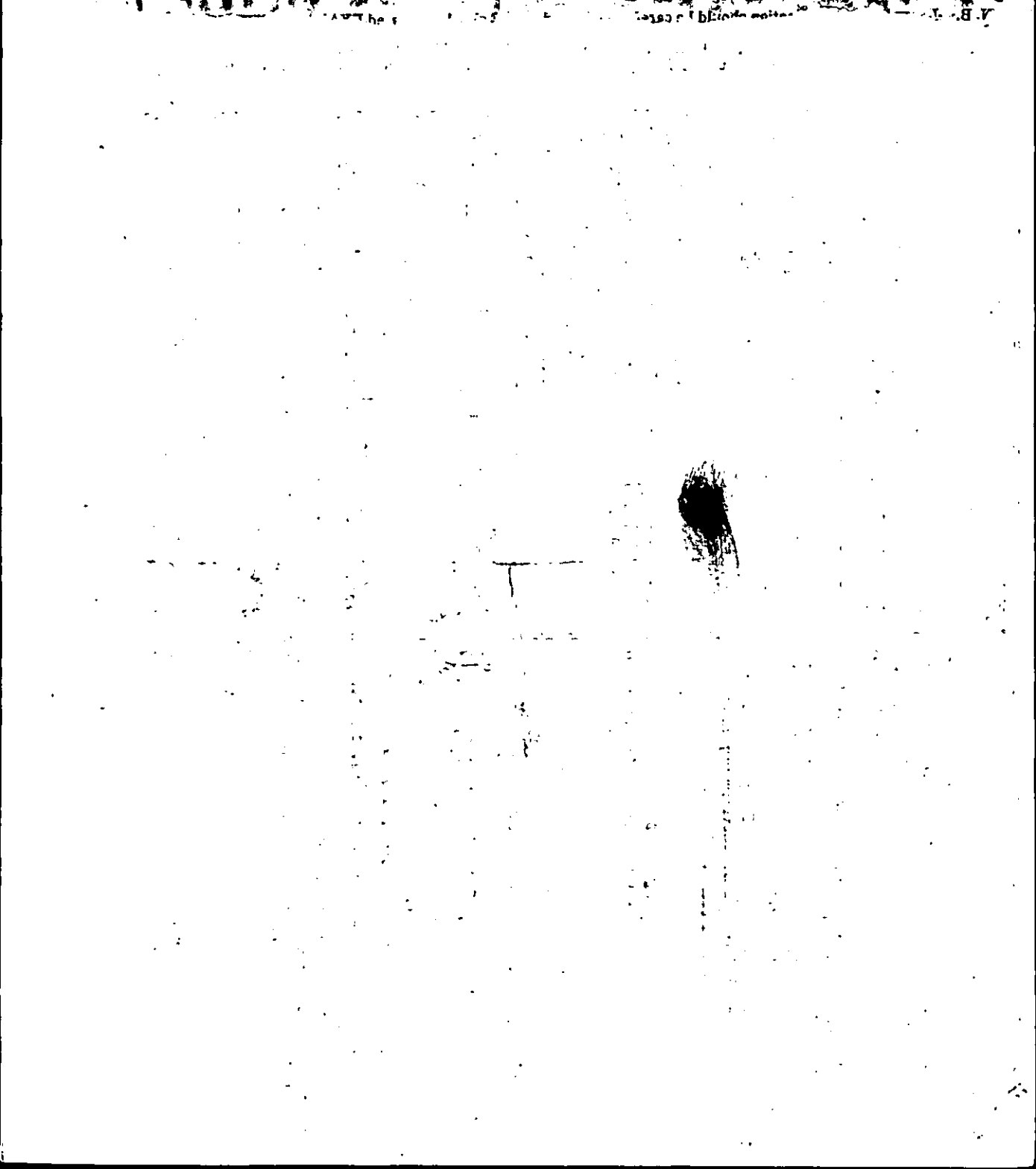
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Alfred E. Mowder M. D.(Address) 101 W 9 Salina Mo



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. 1)

Bothwell Hosp

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Syracuse Mo Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1928

7. AGE YEARS 7 MONTHS - DAYS 16 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co

13. NAME George Aldrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co

15. MAIDEN NAME Neomia Sibbles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Syracuse DATE June 5, 1935

19. UNDERTAKER (ADDRESS) J. L. Spillera

20. FILED Sept 1, 1935 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935 to July 4, 1935

I last saw him alive on July 4, 1935 Death is said

to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

acute peritonitis Date of onset

caused by

Other contributory causes of importance

diarrhea & hemorrhage

Name of operation

What test confirmed diagnosis? Clin Date of

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred G. Monroe Jr.

(Address) 111 W 9, Sedalia, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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