

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.

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

Do not use this space.

27567

1. PLACE OF DEATH

County PEPPER
Township
City SEDALIA (No.)

Registration District No. 168
Primary Registration District No. 3032

File No. 27822
Registered No. 668
St. Ward

2. FULL NAME CLEMATENA ALDMAN

(a) Residence, No. 219 E. COOPER St., Ward.
(Usual place of abode) MOREMAN (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 YRS. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ABOUT 102 X X

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF
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) VA

13. NAME GEORGE CHILDS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT AMY ARMSTRONG
(ADDRESS) SEDALIA, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE CROWN HILL DATE 7/19 1936

19. UNDERTAKER F. J. FERRISON
(ADDRESS) SEDALIA, MO

20. FILED July 19, 1936 John Black
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1936

22. I HEREBY CERTIFY, That I attended deceased from June 5-1936 to 7-11-1936
I last saw her alive on 7-11-1936 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
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Heart Distention
Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What 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?
If so, specify

(Signed) A. F. Woodruff, M. D.
(Address) 116 1/2 W. Main

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