

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.

AUG 27 1936  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

31961

**1. PLACE OF DEATH**  
 County Phelps Registration District No. 678  
 Township St. James Primary Registration District No. 44 04  
 City St. James (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lucie E. Aldrich  
 (a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 11 - 1885</u>				
7. AGE YEARS <u>82</u>	MONTHS <u>10</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	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) <u>Jan. 1, 1926</u>		11. Total time (years) spent in this occupation. <u>62.7</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co. Mo</u>				
MOTHER FATHER	13. NAME <u>Elisha Spradling</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
	15. MAIDEN NAME <u>Isabella Black</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
17. INFORMANT <u>Frank Spradling</u> (ADDRESS) <u>Proctorburg Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Truman Cem</u> DATE <u>8-8</u> 19 <u>36</u>				
19. UNDERTAKER <u>W. Richlider</u> (ADDRESS) <u>St. James Mo</u>				
20. FILED <u>8/7/36</u> 19 <u>36</u> <u>Mrs. W. H. Howk</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936, to Aug 4, 1936  
 I last saw her alive on Aug 2, 1936. Death is said to have occurred on the date stated above, at 1:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
13 P  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) C. H. Fuller, M. D.  
 (Address) St. James Mo

