

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

Do not use this space.

AUG 19 1937

26792

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bluff Primary Registration District No. 3131
City Paplar Bluff (No.) St. Ward

File No.
Registered No. 190

2. FULL NAME Lulu Elizabeth Aldredge

(a) Residence, No. 6 mi. S.E. Paplar Bluff 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 62 3 26

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

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) Glenwood Mo

13. NAME Wm Funk

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

15. MAIDEN NAME Nancy Shepherd

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

17. INFORMANT (ADDRESS) My C J Tisdale

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City Cem DATE Aug 5 1937

19. UNDERTAKER (ADDRESS) W J Phelps

20. FILED 275 1937 O. C. Steinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30 1937 to Aug 3 1937

I last saw her alive on Aug 3 1937 Death is said to have occurred on the date stated above, at 1:45 P. m.

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

uremic poisoning

Date of onset 8-1-37

Other contributory causes of importance: Nephritis, chronic (of several years standing)

Name of operation clinical Date of 26

What test confirmed diagnosis? urinalysis 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 1

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

If so, specify (Signed) J. Hester Harwell M. D. (Address) Paplar Bluff, 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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