

AUG 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cass
 Township Pike
 City P. F. R.

Registration District No. 159
 Primary Registration District No. 5224

File No. 26938
 Registered No. 3

2. FULL NAME

(a) Residence, No. 2
 (Usual place of abode)

St. Mo. Ward. 20
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Widow Survilda Page Aldridge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1849
 7. AGE YEARS 88 MONTHS 0 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) May 24
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME Jessie Aldridge

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

15. MAIDEN NAME Sallie Alexander

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

17. INFORMANT Elmer Aldridge
 (ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Red Cemetery DATE 7-8 37

19. UNDERTAKER Brownfield - Belcher
 (ADDRESS) Pleasant Hill, Mo.

20. FILED 7/10 1937 W. Beckman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1937, to 7-6 1937

I last saw him alive on 7-6 1937. Death is said to have occurred on the date stated above, at 2 P. m.

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

Aortic Regurgitation

Other contributory causes of importance:

Name of operation AS Date of AS

What test confirmed diagnosis? AS Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

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

If so, specify W. Beckman M. D.

(Signed) W. Beckman (Address) Strasburg, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

