

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

Do not use this space.

1. PLACE OF DEATH

County Miss Holland Mo
Township 7
City (No)

Registration District No. 1256
Primary Registration District No. 6281

File No. 34955
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-36

7. AGE 7 yrs. MONTHS June DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Near Holland Mo (STATE OR COUNTRY)

13. NAME Otto Aldridge

14. BIRTHPLACE (CITY OR TOWN) Bennett Mo (STATE OR COUNTRY)

15. MAIDEN NAME Lottie Ollar

16. BIRTHPLACE (CITY OR TOWN) with Mo. (STATE OR COUNTRY)

17. INFORMANT Holland Mo (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. M. Bion 10-18 37

19. UNDERTAKER St. M. Bion (ADDRESS)

20. FILED 10-19 1937 W. B. Buggan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-17-1937 to 10-17-1937

I last saw him alive on 10-17-1937 Death is said

to have occurred on the date stated above, at 10:10 p. m.

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

Had. Whooping Cough
for 2 weeks
developed meningitis
which I saw him

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms 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) D. C. McLean, M. D.
(Address) Holland Mo

