

JAN 25 1938

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

Do not use this space.

46295

FILE

1. PLACE OF DEATH

County Wayne
Township Black River
City Greenfield (No. _____)Registration District No. 892
Primary Registration District No. 6194File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Lyman Melvin Aldrich(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 17 yrs. 5 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

July 10, 1920

7. AGE

YEARS

MONTHS

DAYS

175If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greenfield
Mo.

13. NAME

Lyman M. Aldrich14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greenfield
Mo.

15. MAIDEN NAME

Hazel Halliday16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greenfield
Mo.

17. INFORMANT

Lyman M. Aldrich
Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawrence Park Cem. DATED Dec. 12, 193719. UNDERTAKER
(ADDRESS)Gray Funeral Service
Greenfield, Mo.

20. FILED

Dec. 10, 1937 Mrs. H. McElwee
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

for the last 15 years.I last saw him alive on 2 years ago, 19____ Death is saidto have occurred on the date stated above, at 7 A. m.

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

Encephalitis
HydrocephalusDate of onset
10 yrs.

Other contributory causes of importance:

1570Name of operation No 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.

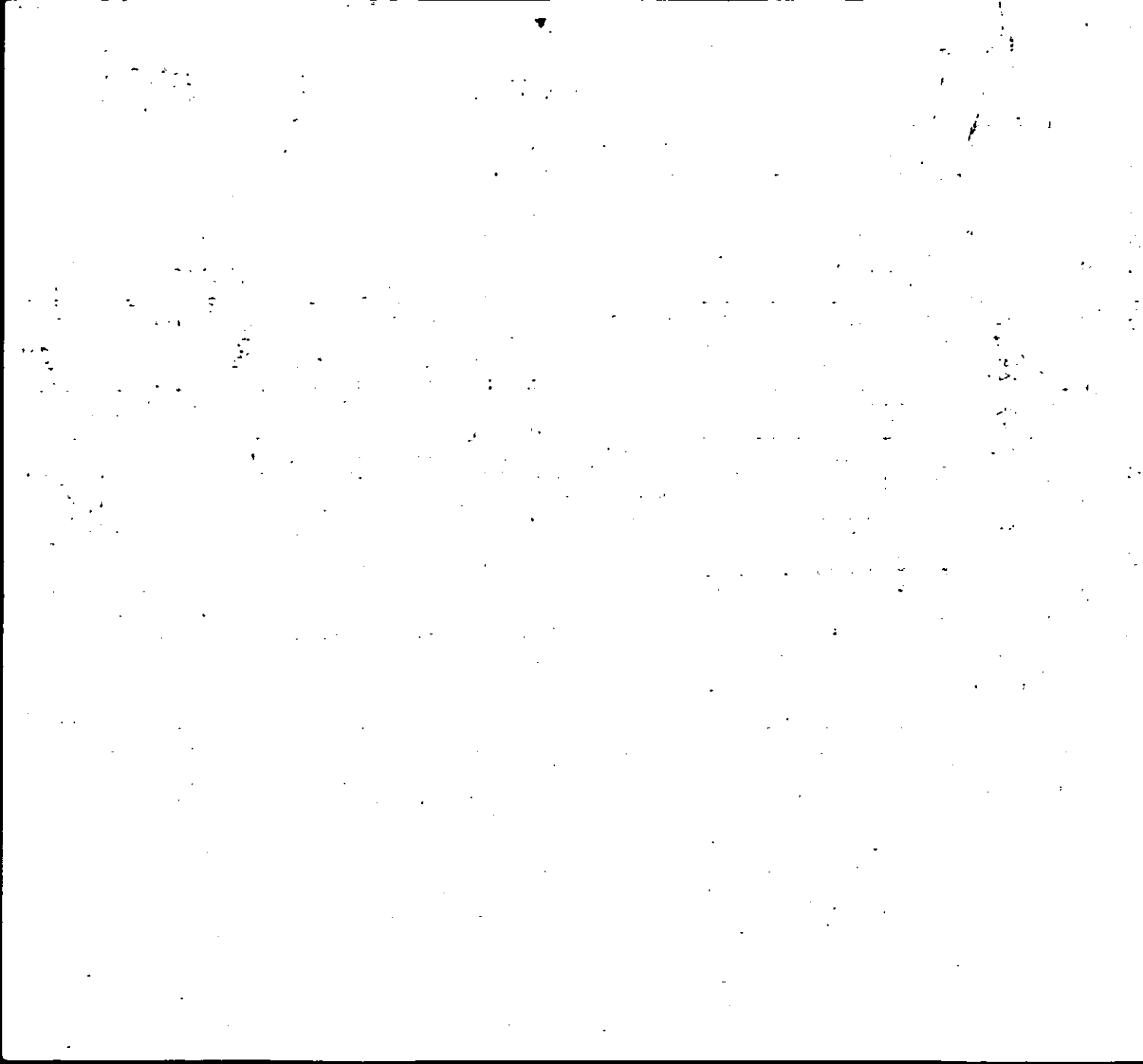
Manner of injury ✓

Nature of injury _____

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

If so, specify _____

(Signed) Jno F. Wagner, M. D.(Address) Greenfield, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

(a) County Wagner Registration District No. 892
(b) Township Black River Primary Registration District No. 6194
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lyman Melvyn Aldrich
(a) Residence, No. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. born & invalid
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Feb. 28 1938 Mrs. H. McGhee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at

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

Date of onset

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) J. F. Wagner M. D.

(Address) Greenville

