

MAY 18 1939

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

15261
 Do not use this space.

1. PLACE OF DEATH

(a) County Johnson 1 Registration District No. 437
 (b) Township Rose Hill Primary Registration District No. 5594
 (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 15 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

436 John Newton Aldridge
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minna Daily Aldridge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1860
 7. AGE YEARS 78 MONTHS 5 DAYS 9 If LESS than 1 day, _____ hrs. _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1939, to Apr. 27 1939
 I last saw him alive on Apr. 25 1939. Death is said to have occurred on the date stated above, at 10:45 P.m.
 The principal cause of death and related causes of importance were as follows:

General infarction and heart failure due to senility

Date of onset

Other contributory causes of importance: 162

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. L. Gills _____, M. D.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0
 FATHER 13. NAME Lewis Aldridge 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1
 MOTHER 15. MAIDEN NAME Zerilda Crocker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 17. INFORMANT L. G. Aldridge
 (ADDRESS) Latur Missouri
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Holden Cemetery DATE Apr 29 1939
 19. FUNERAL DIRECTOR (NAME) T. H. Goodman
 (ADDRESS) Holden Missouri
 20. FILED May 6 1939 Anna M. Colman
 Local Registrar.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5/11/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *W. G. Johnson*

Licensed Embalmer No. *2424*

P. O. Address *Shelton Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.