

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

Do not use this space.

7303

1. PLACE OF DEATH

County Buchanan  
Township.....  
City St. Joseph,

Registration District No. 85  
Primary Registration District No. 1001  
(No. 2613 Seneca Street)

File No. ....  
Registered No. 268  
St. .... Ward)

2. FULL NAME Mahala Vore Aldrich

(a) Residence. No. 2613 Seneca Street St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1833.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
93 7 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Household  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Milton,  
(STATE OR COUNTRY) Ohio.

10. NAME OF FATHER Abner Voore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hollysdayberg,  
(STATE OR COUNTRY) Pennsylvania.

12. MAIDEN NAME OF MOTHER Sarah Siler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Milton,  
(STATE OR COUNTRY) Ohio.

14. INFORMANT Mrs. L. C. Horr,  
2613 Seneca Street

15. FILED John G. Horr REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 10, 1927

17. I HEREBY CERTIFY, That I attended deceased from March 7<sup>th</sup> 1927 to March 10<sup>th</sup> 1927, that I last saw her alive on March 10<sup>th</sup> 1927, and that death occurred, on the date stated above, at 12/15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
10719  
97/000  
162 yrs. mos. ds.  
CONTRIBUTORY Senility & arteriosclerosis  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) H. M. Newson, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Mora Cemetery DATE OF BURIAL March, 12, 1927

20. UNDERTAKER H. O. Schindler ADDRESS 1802 Union Str

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.

THIS IS A PERMANENT RECORD

APR 22 1927

MAR 12 1927

FILED

