

WHILE FLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH  
County Ripley ✓  
Township Kelly Registration District No. 965 File No. 4 13627  
Village \_\_\_\_\_ Primary Registration District No. 5989 Registered No. 4  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Henry A. Bridges

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Jan. 21<sup>st</sup></u> , 1914 (Month) (Day) (Year)		
AGE <u>2</u> yrs. <u>21</u> mos. <u>21</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE <u>Kelly township, Ripley Co., Mo.</u> (City or town, State or foreign country)		
PARENTS	NAME OF FATHER <u>James W. Bridges.</u>	
	BIRTHPLACE OF FATHER <u>Ripley Co Mo</u> (City or town, State or foreign country)	
	MAIDEN NAME OF MOTHER <u>Ollie Crouch</u>	
	BIRTHPLACE OF MOTHER <u>Deer Co. Mo.</u> (City or town, State or foreign country)	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>April 12</u> , 1914 (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>April 1<sup>st</sup></u> , 1914, to <u>April 1<sup>st</sup></u> , 1914, that I last saw <u>him</u> alive on <u>April 1<sup>st</sup></u> , 1914, and that death occurred, on the date stated above, at <u>5:55 P.M.</u>	
The CAUSE OF DEATH* was as follows: <u>Convulsion and Inanition</u> <u>119B</u>	
_____ (Duration) ___ yrs. ___ mos. <u>11</u> ds.	
<u>158</u> Contributory <u>bottle fed baby</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
(Signed) <u>W. T. C. Estes</u> M. D. <u>April 13<sup>th</sup></u> , 1914 (Address) <u>Bennett, Mo.</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
Where was disease contracted if not at place of death? _____ Former or usual residence _____	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Orre Beckman  
(ADDRESS) Bennett Mo  
Filed April 13, 1914. Jas. H. Lewis  
REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Lewis Cemetery</u>	DATE OF BURIAL <u>April 13</u> , 1914
UNDERTAKER <u>Oren Beckman</u>	ADDRESS <u>Bennett Mo</u>

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

H UNFADING INK - THIS IS A PERMANENT RECORD

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CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County

Township

Village

City

Registration District No.

Primary Registration District No.

NO.

St.

Ward)

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Henry A. Bridges

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)

DATE OF DEATH Apr. 12, 1914 (Month) (Day) (Year)

DATE OF BIRTH Jan 21, 1914 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from April 12, 1914, to April 12, 1914, that I last saw him alive on April 12, 1914, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

AGE 2 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.

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

CAUSE OF DEATH\* was as follows: Convulsions and Irritation from bottle feeding probably interictal Contributory Bottle Fed. Baby (Duration) 12 mos. 12 ds.

BIRTHPLACE Kelly Township, Ripley Co. Mo (City or town, State or foreign country)

NAME OF FATHER James H. Bridges

BIRTHPLACE OF FATHER Ripley Co. Mo (City or town, State or foreign country)

MAIDEN NAME OF MOTHER Albe Crouch

BIRTHPLACE OF MOTHER Reub Co. Mo (City or town, State or foreign country)

(Signed) T. B. Estes (Address) Bennett Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death?

Former or usual residence \_\_\_\_\_

(ADDRESS)

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

UNDERTAKER Satisfactory Information ADDRESS Supplied

Filed June 2, 1914. John H. Lewis REGISTRAR

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use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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