

## 1 PLACE OF DEATH

County Jackson  
 Township Town  
 or  
 Village  
 or  
 City Kan - City (No. 6833-E-13) St. \_\_\_\_\_ Ward)

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

 File No. 35121  
 Registered No. 4036
2 FULL NAME Audren Jackson Bridges

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE  MARRIED  WIDOWED  OR DIVORCED  Widower  
 (Write the word)

6 DATE OF BIRTH March 1 1941  
 (Month) (Day) (Year)

7 AGE 76 yrs. 7 mos. 15 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE  
 (City or town, State or foreign country) Ill -

PARENTS  
 10 NAME OF FATHER W.A. Bridges  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ok  
 12 MAIDEN NAME OF MOTHER Unknown  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Logan Bridges  
 (Address) 6833-E-13

15 Oct 16 1917  
 Filed \_\_\_\_\_ 1917 Edw James  
 Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 16 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 12 1917 to Oct 16 1917, that I last saw him alive on Oct 16 1917, and that death occurred, on the date stated above, at 119 m. The CAUSE OF DEATH? was as follows:  
Uremia  
131  
12-2-13  
140

CONTRIBUTORY (Secondary) Chronic Nephritis  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. Cameron Anderson, M.D.  
Oct 16, 1917 (Address) 6520 Ind. Ave.

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

18 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 R-I - 9<sup>50</sup> am

19 PLACE OF BURIAL OR REMOVAL Eldon Mo DATE OF BURIAL Oct 17 1917

20 UNDERTAKER Ross & Co ADDRESS 15 + Jackson

