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

Do not use this space.

27200

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3478

Township Kaw — Primary Registration District No. 1002 — Registered No. 3478

City Kansas City (No. K.C. Genl. Hosp. St. Ward)

2. FULL NAME Bridges F. M.

(a) Residence. No. Jackson Co. Hom. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-12-1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	7	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Tom Bridges
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Martha Corn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Record Clerk
(Address) K.C. Genl Hosp.

15. FILED 9/9, 1927 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-8 1927

17. I HEREBY CERTIFY, That I attended deceased from 5-16, 1927 to 9-8, 1927 that I last saw him alive on 9-8, 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the oesophagus
46 A
107 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 8 44A

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George C. Lee, M. D.
9-8, 1927 (Address) General Hosp. K.C. Mo.

*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 Oakland Cemetery Mdp. — DATE OF BURIAL Mo 9/9 1927

20. UNDERTAKER J V Mast — ADDRESS

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