R 30, 1926

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

Do not use this space.

7423

1. PLACE OF DEATH
County: Scott
Township: Belso
City: ~~Illinois~~ (No. ..... St. ..... Ward)
Registration District No.: 1155
Primary Registration District No.: 6165 B
File No. .....
Registered No.: 3

2. FULL NAME: Mary Bridges

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/19/1867

7. AGE: Years 60 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Vienna
(STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Jess Fain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Dontknow
12. MAIDEN NAME OF MOTHER: Dontknow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Dontknow

14. INFORMANT: Ellen Bridges
(Address): Illmo Mo

15. FILED Feb 19 1928 H. Washley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
95B
82A
700
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cardio-renal Hypertension
(duration) 2 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. Washley, M. D
Feb. 18 1928 (Address) Illmo 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: Illmo Mo
DATE OF BURIAL: 2/20/28

20. UNDERTAKER: C. Passler
ADDRESS: Illmo

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.