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.

29 1928

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

Do not use this space.

10171

1. PLACE OF DEATH
County Polk
Township
City Bolivar (No. ..... St. ..... Ward)
Registration District No. 101
Primary Registration District No. 4422
File No.
Registered No. 21

2. FULL NAME Dellia Jane Bridwell
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Osaar Bridwell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 13 - 1853
7. AGE Years 75 Months 3 Days 14 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Green Co Mo

PARENTS
10. NAME OF FATHER Sampson Ban
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Anne Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Jessie Hartley
(Address) Bolivar Mo
15. FILED Mch 28 1928 J. H. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 27 1928
17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1928, to Mar 27, 1928 that I last saw her alive on Mar 26, 1928, and that death occurred, on the date stated above, at 6-15 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
90a
(duration) ..... yrs. ..... mos. 28 ds.
CONTRIBUTORY (SECONDARY) Aortic Insufficiency
(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) D E Hammonhee, M. D
Mch 28, 1928 (Address) Bolivar 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 Timber Ridge
DATE OF BURIAL Mch 28 1928
20. UNDERTAKER Hutcheson-Blue
ADDRESS Bolivar