26 1928

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

Do not use this space.

21287

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Prospect — Primary Registration District No. 3030 — Registered No. 40
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME George Hardin Bridges
(a) Residence. No. S. Main St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
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: Mrs. Dora Bridges

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1850

7. AGE: Years 77 — Months 9 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(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): Near Wolf Island, Mo.

PARENTS
10. NAME OF FATHER: Jas. Bridges
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown "
12. MAIDEN NAME OF MOTHER: L. B. Simms
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown "

14. INFORMANT X Jas. P. Bridges
(Address) X Charleston

15. FILED June 27th 1928 F S Denman REGISTRAR

MEDICAL CERTIFICATE OF DEATH 11:30 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to June 27, 1928 that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo-Cardtis
90 B
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): None known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) A. W. Chapman, M. D.
, 19 (Address) Charleston, 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: I.O.O.F. — DATE OF BURIAL: 6/29 1928

20. UNDERTAKER: Lair Und. Co. — ADDRESS: Charleston

Dr. Chapman