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

Do not use this space.

8851

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Stharis Mo. (No. 3304 So Compton St. ..... Ward)

File No. .....

Registered No. 2535

2. FULL NAME Thomas V Bridgman

(a) Residence. No. 3304 So Compton St., 16 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: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-12-1841

7. AGE: Years 8 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster
(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): Perryville Mo

PARENTS

10. NAME OF FATHER: Thos Bridgman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Catherine Barnet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Flora Bridgman
(Address) 3304 So Compton

15. FILED 25 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-15, 1929, to 2-23, 1929, that I last saw him alive on 2-23, 1929, and that death occurred, on the date stated above, at 11 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pony one left foot
Pony left leg
Two weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
Sinusal vein
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) [signature], M. D

2-25, 1929 (Address) 740 So 4th St

*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: S S Peter & Paul Cem

DATE OF BURIAL: 2-26-1929

20. UNDERTAKER: Seick Bros 2201 So Grand

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.