

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

Do not use this space.

9159

1. PLACE OF DEATH

County Shannon
Township Winona
City Winona (No.)

Registration District No. 823
Primary Registration District No. 4498

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work merchant
(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) Ky

10. NAME OF FATHER Robert Lee Bridgforth

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

12. MAIDEN NAME OF MOTHER Virginia Bowdlett

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

14. INFORMANT Mrs Gladys Rice
(Address) Winona Mo

15. FILED 7/8, 1929 Mabel Kaelin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1929 to Feb 4 1929, and that I last saw him alive on Feb 4 1929, and that death occurred, on the date stated above, at 5 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pneumonia
right lung
108
197 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) enlarged prostate

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) J. J. Sheen, M. D.
Feb 7 1929 (Address) Winona 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 Hickory Grove Cemetery
Winona Co DATE OF BURIAL Feb 5 1929

20. UNDERTAKER J. R. Burns and Co ADDRESS Winona Spr
Mo

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.

