

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

Do not use this space.

24782  
3194

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. St. Lukes) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Emma L. Bridges

(a) Residence No. 3310 Broadway St. 5 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Warren F. Bridges</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>October 2, 1860</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
	68	9	22		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** New Orleans  
(STATE OR COUNTRY) Louisiana

**10. NAME OF FATHER** Samuel Rossey

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Edenborough  
(STATE OR COUNTRY) Scotland

**12. MAIDEN NAME OF MOTHER** Julia Baumer

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

**14. INFORMANT** L. M. Lawrence  
(Address) 3510 Broadway

**15. FILED** 7/15/29 M M Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 24, 1929

**17.** I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to July 24, 1929 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 5:30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Peritonitis (general, acute)  
120 B  
179  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

**CONTRIBUTORY (SECONDARY)** Aberrant appendiceal  
(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?** Yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Autopsy  
(Signed) J. B. Bode M. D.  
7-24-29 (Address) 1800 1/2 E. 13th St. Bk Bk

\*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** St. Louis, Mo. **DATE OF BURIAL** 7-25-1929

**20. UNDERTAKER** Stine + McClure **ADDRESS** 32-35 11th Ave  
Plaza

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

225  
2  
8  
10

