

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

Do not use this space.

41095

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.

001102

PLACE OF DEATH
 County Jasper Registration District No. 411 File No. _____
 Township _____ (City) Registration District No. 2004 Registered No. 523
 City Joplin (No. Freeman Hospital) _____ Ward _____
 2. FULL NAME Martha Jane Bridwell
 (a) Residence. No. 716 Well St Ward. _____ (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 OF RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert S. Bridwell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 3-1867</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (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) <u>Boston Mass</u>		
10. NAME OF FATHER <u>Hunt</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>		
12. MAIDEN NAME OF MOTHER <u>Lucy Smith</u>		
13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Wilmington Conn</u>		
14. INFORMANT <u>Albert S. Bridwell</u> (Address) <u>Joplin Mo</u>		
15. FILED <u>114</u> 19 <u>30</u> <u>A Benson Clark</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-11-29
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2:30 p m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured Appendix
VIA
179 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Peritonitis (duration) _____ 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) C. M. Balasee, M. D.
12-11-29 (Address) Joplin 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 not home DATE OF BURIAL 12/13/29
 20. UNDERTAKER Hurlbut Med Co ADDRESS Joplin Mo

