

SEP 21 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25861

1. PLACE OF DEATH

County BallingerRegistration District No. 67Township ScopusPrimary Registration District No. 1106City (No)

(No)

File No.

Registered No. 23

St. Ward

2. FULL NAME

Lillie Bridges

(a) Residence, No. St. 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

4. COLOR OR RACE

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

female white married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

L. P. Bridges

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 23 - 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

30106

8. OCCUPATION OF DECEASED

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

Housewife

(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)

Shuman Mo.
Ballinger Co

10. NAME OF FATHER

Marion D. Dumas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Laurens
Cape Girardeau

12. MAIDEN NAME OF MOTHER

Abbea Dumas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Marion D. Dumas

14.

INFORMANT

(Address)

L. C. Bridges
Scopus, Mo.

15.

FILED

Sept 21 1930
C. A. Dumas

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29th 193017. HEREBY CERTIFY, That I attended deceased from July 13, 1930, to Aug 29th, 1930 that I last saw her alive on Aug 24th, 1930, and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Spleen53E

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) Edward Crites, M. D., 19 (Address) Scottdale, 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

DATE OF BURIAL

Scopus CemeteryAug 30 1930

20. UNDERTAKER

ADDRESS

Baker A. J.Interservice, Inc.

