

MAR 24 1931

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

Do not use this space.

5275

1. PLACE OF DEATH
42 County Henry Registration District No. 14
8 Township A Primary Registration District No. 4211
City Windsor (No. _____) St. _____ Registered No. 4
Ward _____

2. FULL NAME Rachel Ann Bridges
(a) Residence, No. 510 S. Franklin St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Bridges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 I I

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Joplin 1
(STATE OR COUNTRY) Missouri

13. NAME Wanslyke
14. BIRTHPLACE (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Glyde Bridges
(ADDRESS) Windsor City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor DATE 2-26-31 19

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL
(ADDRESS) _____

20. FILED Feb 26 1931 _____
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1931

22. I HEREBY CERTIFY That I attended deceased from Feb 20 to Feb 25, 1931
I last saw him alive on Feb 25, 1931 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Feb 13

Other contributory causes of importance:
Influenza 118 100 110
1 2

Name of operation _____ Date of _____
What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19_____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) T. J. Henderson M. D.
(Address) Windsor

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.

11