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

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 11189
Township — Primary Registration District No. 3034 — Registered No. 66
City Moberly (No. ..., ... St. ... Ward)

2. FULL NAME EDWARD F BRIDGFORD

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daisy Bridgford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1, 1876

7. AGE: YEARS 54 — MONTHS 4 — DAYS 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): Dec. 1, 1930
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Richard T. Bridgford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Lou C. Alverson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Walter Bridgford, Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hill — DATE: Mar 30, 1931

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris, Mo.

20. FILED: Mar. 29, 1931. Thos. S. Fleming, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mch 19, 1931, to Mch 29, 1931
I last saw him alive on Mch 29, 1931. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic appendicitis + cholecystitis — Date of onset
121B
127A
936
21

Other contributory causes of importance:
Chronic myocarditis

Name of operation: Appendectomy + Cholecystectomy — Date of: Mch 23
What test confirmed diagnosis? Operation — Was there an autopsy?

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) R. D. Streeter, M. D.
(Address) Moberly, Mo.

NB.—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.

APR 25 1931