

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.

MAY 21 1931

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

Do not use this space.

13477

## 1. PLACE OF DEATH

County Cedar,  
Township N Benton,  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 164  
Primary Registration District No. 5229

File No. 96.  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME John Bridger,

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Mary Bridger,  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 4, 1840,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
90 11 2

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) England,  
(STATE OR COUNTRY)

10. NAME OF FATHER Benn Bridger,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not Known,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England,  
(STATE OR COUNTRY)

14. INFORMANT James Bridger,  
(Address) Montevello Mo,

15. FILED 4-18-1931 J. M. Davis  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 6, 31

17. I HEREBY CERTIFY, That I attended deceased from April 6th, 31 to April 6, 31, 1931,  
that I last saw him alive on April 26, 31, and that death occurred, on the date stated above, at \_\_\_\_\_ p. \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Interstitial Nephritis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY old age  
(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) E. D. Sunday  
19 (Address) El Dorado Spring

\*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

Walnut Grove Cemetery4/ 7/ 31

20. UNDERTAKER

ADDRESS

P Mitchell,Jerico

