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

Do not use this space.

14131

File No. 1640

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: K.C. Mo. (No. 3812-E-10 St. Ward)

Registration District No. 329

Primary Registration District No. 1002

2. FULL NAME: John O. Bridendolph

(a) Residence: No. 3812-E-10 St., 12 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: Wh.

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

6a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Susan K. Bridendolph

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 9-1837

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
94	1	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Moreesville
(STATE OR COUNTRY): Maryland

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): no record

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): no record

14. INFORMANT: Mrs. C. W. Tuttle
(Address): 3812-E-10

15. FILED: 4/8, 1931 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 7 1931

17. I HEREBY CERTIFY, That I attended deceased from 4/3, 1931, to 4/7, 1931, that I last saw h. alive on 4/7, 1931, and that death occurred, on the date stated above, at 10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10A
93A
Broncho-Pneumonia
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Acute myo. cardit.
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? ✓
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo. L. Geery, M.D.
4/8, 1931 (Address) 337 Lockridge Bldg

*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: Woodlawn. K.C.K. — DATE OF BURIAL: 4-9 1931

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

9th + Norton 901 Norton Be-4271