

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

Do not use this space.

1. PLACE OF DEATH 1116 W. 25th St
 County Jackson Co. Registration District No. 399
 Township Raw Primary Registration District No. 2309
 City Russvick Mo. (No. 1116 W 25th St) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Bridgett
 (a) Residence No. 1116 W. 25th St 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

28302
 File No. 2450
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Grimsley Bridgett

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Cass Co.

10. NAME OF FATHER Joe Scott
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER dont know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) K.M.

14. INFORMANT Mrs Hallie Gaston
 (Address) Pluston K.C. Mo.
 15. FILED 8/11, 1931 M.M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1931
 17. I HEREBY CERTIFY, That I attended deceased from April 13 1931 to Aug 9 1931
 that I last saw h. alive on Aug 9 1931, and that death occurred, on the date stated above, at 2:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute nephritis, neuritis and nitrate insufficiency
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) hypertension
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH 1116 W 25th St
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? urinary
 (Signed) Blyford Jackson, M. D.
8/10, 1931 (Address) 2858 SW Blvd

*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 West Lawn DATE OF BURIAL Aug 12 1931
 20. UNDERTAKER _____ ADDRESS 1718 S.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

