

36715-1

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

Do not use this space.

36715-A

File No.

Registered No.

St. Ward)

1. PLACE OF DEATH

County NorthRegistration District No. 905Township AllenPrimary Registration District No. 6216City Denver (No.)

2. FULL NAME

Gideon D. Bridges

(a) Residence. No. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary E. Bridges

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

1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7800

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)

Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Guy Bridges

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

England

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

North Carolina

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

J. W. Bran
Denver Mo.

15.

FILE

Jan 19 32
Mrs. Maya Long
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1931

17.

I HEREBY CERTIFY, That I attended deceased from Oct10, 1931, to Oct 16, 1931that I last saw her alive on Oct 16, 1931, and that death occurred, on the date stated above, at 9-A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis131(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

131

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Inspection(Signed) Lewis R. Long, M. D., 19 (Address) Denver Mo.

*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

Miller Cemetery10/17 1931

20. UNDERTAKER

ADDRESS

Bran BrosDenver

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.

