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.

MAR 21 1934

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

Do not use this space.

3717

1. PLACE OF DEATH 9
County Bollinger — Registration District No. 69 — File No. 4
Township Wayne — Primary Registration District No. 5108 — Registered No.
City Zalma (No. , St. Ward)

2. FULL NAME Elbert Raymond Bridger
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1914
7. AGE YEARS 17 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) 1932
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Henry Bridger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Ind.

MOTHER
15. MAIDEN NAME Hettie [illegible] Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger

17. INFORMANT (ADDRESS) Harry Bridger
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cox Chapel DATE 2/21 1932
19. UNDERTAKER (ADDRESS) H J Baker Lutesville
20. FILED 2-21- 1932 A. T. Kirkpatrick Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 — 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1932, to Feb 20 1932
I last saw him alive on Feb 19 1932 Death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

108

Other contributory causes of importance:

(1)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. T. Kirkpatrick, M. D.
(Address) Zalma Mo