

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

Do not use this space.

7929-1
File No. 7929-1

1. PLACE OF DEATH
 31 County Reynolds Registration District No. 251
 Township Grand River Primary Registration District No. 5350
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mr. Allison Bridwell
 (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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kattie Bridwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farming

10. Date deceased last worked at this occupation (month and year) Jan. 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Tennessee

13. NAME Nathanial Bridwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Tennessee

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Tennessee

17. INFORMANT (ADDRESS) Mrs. Kattie Bridwell Jameson

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE 3-20-32

19. UNDERTAKER (ADDRESS) H. A. Hooper Gallatin Mo

20. FILED Mar. 17, 1932 Mrs. P. L. Henderson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1932

22. I HEREBY CERTIFY, that I attended deceased from March 15, 1932 to March 18, 1932
 Last saw him alive on March 17, 1932 Death is said to have occurred on the date stated above, at 10:30 am.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1930

Other contributory causes of importance:
23

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? No
 If so, specify _____
 (Signed) J. B. Jameson
 (Address) Jameson 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.

NOV 23 1932

J B Graham