

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

Do not use this space.

13364

1. PLACE OF DEATH

72 County New Madrid Registration District No. 605
Township Como Primary Registration District No. 5807
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

John Adams Bridges
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Carlee Bridges
WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coldwater, Mo.

13. NAME Ben. J. Bridges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Killie Britton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky

17. INFORMANT J. P. Bridges (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 4-28, 1932

19. UNDERTAKER none (ADDRESS) _____

20. FILED May 7, 1932 ms C. S. Blockman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931 to April 27, 1932
I last saw him alive on April 20, 1932. Death is said to have occurred on the date stated above, at 11:18 p.m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia Date of onset _____
714 11/11
Other contributory causes of importance: (3)

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) Graydon Carlstrom, M.D.
(Address) on Malden

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.

MAY 26 1932

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

