

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.

AUG 22 1932

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

Do not use this space.

21869

1. PLACE OF DEATH

County Barry

Registration District No. 30

Township Monett

Primary Registration District No. 3003

City Monett (No. 4)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Bridges Avero

(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 7 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 Jack Avero

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1874

7. AGE YEARS 58 MONTHS 2 DAYS 11 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as aptanner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Highway, Virginia

13. NAME Patrick Laull

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

15. MAIDEN NAME Mary Conroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Jack Avero

18. BURIAL, CREMATION, OR REMOVAL PLACE Monett DATE July 21, 1932

19. UNDERTAKER (ADDRESS) Teal

20. FILED 7-20- 1932 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1932

22. I HEREBY CERTIFY That I attended deceased from July 19, 1932 to July 19, 1932 I last saw him alive on July 15, 1932 Death is said to have occurred on the date stated above, at 32 m. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1925

23A 23A 93A 23

Other contributory causes of importance Myocarditis 1931

Name of operation none Date of _____ What test confirmed diagnosis? Physician Date of autopsy? 6

23. If death was due to external cause (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? 6 If so, specify _____ (Signed) W. M. West M. D. (Address) Monett, MO

