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

Do not use this space.

35309

1. PLACE OF DEATH
County Dunklin — Registration District No. 290 — File No.
Township Salem — Primary Registration District No. 5408 — Registered No. 59-32
City 4 mi. ~~north of Senath~~ (No. ..... St. ..... Ward)

2. FULL NAME Claude 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 Male
4. COLOR OR RACE Black
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*write* the word) single

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF X

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

7. AGE YEARS about 17 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. common labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm work 2
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) Miss. 2

FATHER
13. NAME John Bridges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Pete Adams Senath, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Poor Farm Kennett, Mo. DATE Nov 28 1932

19. UNDERTAKER (ADDRESS) H. H. Yuhn Senath 7110

20. FILED 12/13 1932 A. Fleun Davis M.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from unattended by ....., 19....
I last saw h..... alive on doctor, 19..... Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

by some unknown causes probably Gohnera Rehumatism (coroner's jury decision)

Date of onset

Other contributory causes of importance:
35 35

Name of operation ..... (5) 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) J. J. Rigdon Cor., M. D.
(Address) Kennett 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.

Dunklin County Poor Farm JAN 9 1933