

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 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13923

1. PLACE OF DEATH

County Mercur
 Township Madison
 City Mill Grove (No. _____)

Registration District No. 554Primary Registration District No. 5748

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Laura Bridge

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

Female

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

E. C. Bridge

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

Oct 3 1872

7. AGE

YEARS

60

MONTHS

6

DAYS

27

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housewife

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)

Missouri

13. NAME

Bill Miller

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

Ohio

15. MAIDEN NAME

Raner

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

Tennessee

17. INFORMANT

(ADDRESS)

E. C. Bridge
Mill Grove Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Local Cemetery

DATE

May 1 1933

19. UNDERTAKER

(ADDRESS)

Noel Moss
Princeton Missouri

20. FILED

May 6 1933E. C. Arnate

Registrar

3

MEDICAL CERTIFICATE OF DEATH

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

April 291933

22. I HEREBY CERTIFY, That I attended deceased from

April 211933, toApril 291933I last saw him alive on April 29, 1933 Death is saidto have occurred on the date stated above, at 9:20 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

9:5082A97

Other contributory causes of importance:

Arteriosclerosis andcardiac hypertrophy

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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. S. Duff

, M. D.

(Address)

Chimneyville Mo

