

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.

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

Do not use this space.

MAR 24 1934  
10 3 1934

PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia

Registration District No. 73  
Primary Registration District No. 3006

File No. 3926  
Registered No. 52

2. FULL NAME

Mrs. Ethel Bradley Bridgeman

(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 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 Mr. L. E. Bridgeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18<sup>th</sup> 1880

7. AGE YEARS 56 MONTHS 04 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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 \_\_\_\_\_

BIRTHPLACE (CITY OR TOWN) Fayette (STATE OR COUNTRY) Mo

12. NAME John H. Bradley

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) \_\_\_\_\_

15. MOTHER NAME Louise Skelton

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

17. INFORMANT L. E. Bradley (ADDRESS) Fayette Mo

18. BURIAL, CREMATION, OR REMOVAL  
o PLACE Columbia DATE 2/19/34

19. UNDERTAKER Walter Jones (ADDRESS) Columbia Mo

20. FILED 2/19/34 Edna Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934, to Feb 18, 1934

I last saw her alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Myocardial Thrombosis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation enterostomy Date of Feb 17, 34

What test confirmed diagnosis? yes 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? no  
If so, specify \_\_\_\_\_

(Signed) Walter S. Conley, M. D.  
(Address) Columbia Mo

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CUM

MAR 20 1944

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Boone } ss.

State File No. 3 926-34  
Local Registrar's No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of July, 1947, before me appears Caroline Bradley, who, upon her oath, states that the original record of birth death for Ethel B. Bridgeman died Feb 18 born 1934, in the State of Missouri, and which was filed at Columbia on Feb. 19, 1934, should be corrected as follows:

- Item No. 7 should read Jan. 18, 1878  
Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Caroline Bradley sister  
Relationship.  
Kansas Agh. University Ave.  
Present Address. Columbia Mo

Subscribed and sworn to before me this 2nd day of July, 1947.

My Commission expires June 16, 1950 Virginia Green Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-3926