

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cedar
 Township Lincoln
 City near Stockton Mo.

Registration District No. 168
 Primary Registration District No. 5231

File No. 4260
 Registered No. 52
 St. _____ Ward)

2. FULL NAME

Myrtle Ellen 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF A. E. Bridges
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7. 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 11 13

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

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) Cedar Co.
 (STATE OR COUNTRY) mo.

13. NAME W. H. Butler

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

15. MAIDEN NAME Mary Creach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. mo.

17. INFORMANT R. E. Bridges
 (ADDRESS) Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fullington E. DATE Feb. 21 1934

19. UNDERTAKER G. W. Ward
 (ADDRESS) Greenfield Mo.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1934 to 2-20 1934

I last saw her alive on 2-18 1934 Death is said

to have occurred on the date stated above, at 9 A. m.

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

Chronic Bright's disease Date of onset

121

Other contributory causes of importance:

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) H. A. Langwell _____, M. D.

(Address) Stockton 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cedar
Township Denn
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 165
Primary Registration District No. 5231

File No. _____
Registered No. 52

2. FULL NAME

(a) Residence, No. Myrtle Ellen Bridges 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 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 R. E. Bridges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 11 13

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

13. NAME W. H. Bender

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

15. MAIDEN NAME Mary Crook

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Guillemont DATE Feb. 21 1934

19. UNDERTAKER (ADDRESS) Guillemont

20. FILED Mar. 8 1934 A. G. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1 to 2-20, 1934

I last saw him alive on Feb 20, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Bright Disease Date of onset _____

Other contributory causes of importance:

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) A. G. Brown, M. D.

(Address) Rocky Mo.

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