

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

Do not use this space.

16645

1. PLACE OF DEATH

County Jackson Registration District No. 390
 Township Greenwood Primary Registration District No. 1
 City Camas City No. 4 General Hosp St. 1 Ward

2. FULL NAME

Sidney Bride
 (a) Residence, No. 2317 Laurel 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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	89	4	8	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) New York

MOTHER FATHER
 13. NAME Henny Bride

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

15. MAIDEN NAME Jane Main

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

17. INFORMANT (ADDRESS) Deora Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 5-5 1934

19. UNDERTAKER (ADDRESS) Eclair Funeral Home

20. FILED May 5 1934 M. M. Crown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1934 to 5-3 1934

I last saw him alive on 5-3 1934 Death is said to have occurred on the date stated above, at 12:15 P.

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

Hypertrophy of Prostate with acute retention
137
 Other contributory causes of importance: Acute Cardiac Failure
 Date of onset

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) M. M. Crown, M. D.
 (Address) Dept. of Health

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. JUN 19 1934

