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.

JUL 22 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 55 — File No.: 19590

Township: — Primary Registration District No.: 1551 — Registered No.: 728

City: St Joseph — (No. Missouri, Methodist Hospital St. Ward)

2. FULL NAME: Annie Mae Bridgford

(a) Residence, No. 2535 south 13 street 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	25	

OCCUPATION

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): St Joseph Missouri

FATHER

13. NAME: Clarence Bridgford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Nebraska

MOTHER

15. MAIDEN NAME: Clarice Gladys Barnette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown California

17. INFORMANT (ADDRESS): Clarence Bridgford 2535 south 13 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cemetery

PLACE: St Joseph Mo. DATE: June 25, 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden St Joseph Mo.

20. FILED: 6-25, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934, to June 24, 1934

I last saw her alive on June 24, 1934. Death is said to have occurred on the date stated above, at 5:20A m.

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

Meningitis (Pneumococcic) 79A

Date of onset: June 21

Other contributory causes of importance: 79a

Name of operation: Date of

What test confirmed diagnosis? Chinese Lab 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) J. M. Allaman, M. D.

(Address) St Joseph Mo

#2

St Joseph

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

19590

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

728

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Annie Mae Bridgford

Who died at _____ on June 24/1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years ✓ Months ✓ Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Meningitis (Pneumococcic)

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Not epidemic

Principal cause of death: not tuberculosis

79a

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. Allaman

Address of physician St. Joseph

Signature of Registrar John R. Kender R.D. Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

Special Agent.

Reg. Dist. No.

Primary Reg. Dist. No.

S-19590