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

Do not use this space.

File No. 21182
Registered No. 26

1. PLACE OF DEATH
County Mercer Registration District No. 556
Township Primary Registration District No. 4328
City Princeton (No. , St. , Ward)

2. FULL NAME Jessie Francis Bristow.
(a) Residence, No. Princeton Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred All life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 3 1934

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	11	14	

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) Princeton, Mo.

FATHER
13. NAME Jesse Trapp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Missouri

MOTHER
15. MAIDEN NAME Anna Hare
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Missouri

17. INFORMANT A. S. Bristow (ADDRESS) Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton Mo DATE June 23 1934

19. UNDERTAKER Hall & Hoss (ADDRESS) Princeton Mo

20. FILED June 25 1934 J. M. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934, to June 21, 1934
last saw h.er alive on June 21, 1934. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis (Complete)	

Other contributory causes of importance:

(Name of operation) Date of
What test confirmed diagnosis Phys. c. 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) W. W. Jason, M. D.
(Address) Princeton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

150M-11-2433