

SEP 11 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Callaway  
Township Julton  
City Julton (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 3008

File No. 28486  
Registered No. 213  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 5 ds.

State Hospital - From Warren County (If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OK</u>		
7. AGE <u>74</u>	YEARS	MONTHS <u>OK</u>
	DAYS <u>OK</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>
	13. NAME <u>OK</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>
	15. MAIDEN NAME <u>OK</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>
	17. INFORMANT (ADDRESS) <u>Records</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Hosp Grounds</u> DATE <u>Aug 9</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>J Fulton Mo.</u>	
20. FILED <u>Aug 9</u> 19 <u>34</u> <u>R. N. Crews</u> Registrar.	

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1933 to Aug 8 1934  
I last saw him alive on 8-8 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
acute hemorrhage and ulcer of duodenum - ulcer of duodenum  
11613  
11713  
10313 116  
Other contributory causes of importance:  
none  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cultures. Was there an autopsy? yes

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) Richard B. Bridgman Jr., M. D.  
(Address) Julton Mo.

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

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.

