

RAIN 20 1935

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

Do not use this space.

416161  
Carroll

1. PLACE OF DEATH

County Greene  
Township  
City Springfield Mo.

Registration District No. 319  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 121 St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 506 N. Newton 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 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) Bertha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
52 4 18

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

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) Chesapeake Mo.

13. NAME Jim Bridges

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

15. MAIDEN NAME Mary McThee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Bertha Bridge (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE May 16 - 35

19. UNDERTAKER Alma Schmeyer (ADDRESS) Springfield Mo.

20. FILED 5-16-35 R. W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 - 1935

I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to May 14, 1935.  
I last saw him alive on May 14, 1935. Death is said to have occurred on the date stated above, at 5:05 A.M.

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

Apoplexy  
Myocarditis, Chronic

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

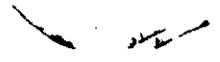
24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_  
(Signed) W. J. Hartweg M. D.  
(Address) 214 W. Jefferson

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.

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The following information was obtained from the records of the  
 Bureau of the Census, Washington, D. C., on the subject of  
 the above-named individual, who is a resident of the  
 District of Columbia. The information is being furnished to you  
 for your information and is not to be used for any other purpose.  
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