

JUL 1 8 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19121

1. PLACE OF DEATH

County Camden
 Township Osage
 City Camdenton

Registration District No. 117
 Primary Registration District No. 5167

File No. 5
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

Nellie Bridges

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Business

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)

Enroute west in Idaho

13. NAME

John Thomas Bridges

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

Ky.

15. MAIDEN NAME

Susan Morris

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

Park Co. Missouri

17. INFORMANT

(ADDRESS) Paul Bridges

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beatrice Dan DATE June 10 1935

19. UNDERTAKER

(ADDRESS) Abbie Bankhan Woolery

20. FILED

July 10, 1935 Peggy Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 6 193522. I HEREBY CERTIFY That I visited deceased from _____, 19June 6, 1935I last saw him alive on _____, 19June 6, 1935Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Corner inquest -

Date of onset

came to his death by gun shot
wound fired from 410 B&B shot
shot gun. single Barrell fired

Other contributory causes of importance:

by and in the hands of
J. M. Anderson

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes, violent or all in also the following:

Accident, suicide, or homicide?

Date of injury, 19June 6

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

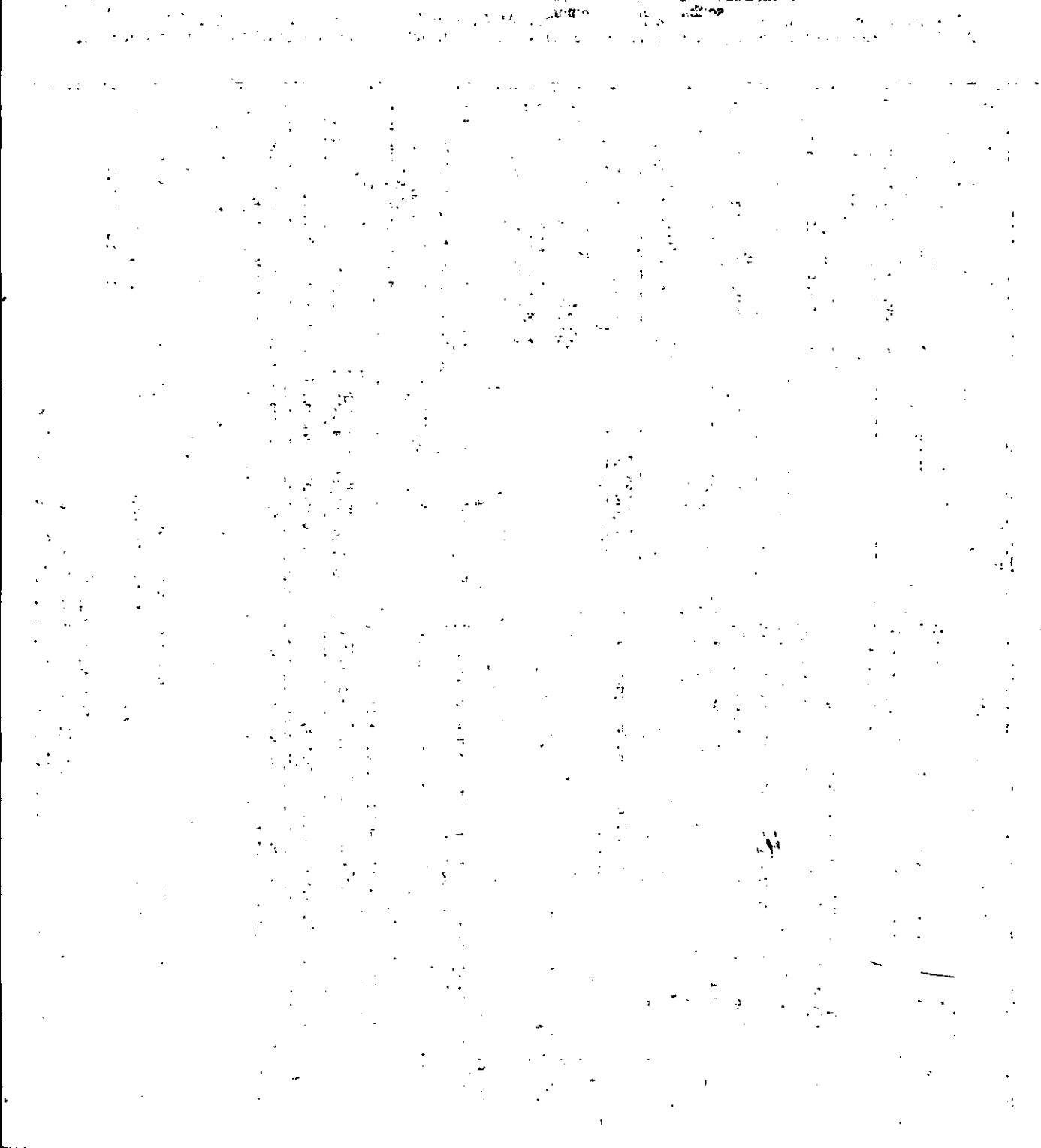
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Abbie Bankhan Woolery, M. D.
Camden Co. Camdenton, 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.



ALL INFORMATION OBTAINED
HEREIN MUST BE WRITTEN ON
THIS SUPPLEMENTARY PAGE.

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