

MAR 12 1936

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

Do not use this space.

8372

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.) St. Ward.....

File No.....

Registered No.....

2. FULL NAME

(a) Residence, No. St. Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 20 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Bridgeford (Hamm)6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-7-18767. AGE YEARS 59 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Nil

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) New York13. NAME James Bridgford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany17. INFORMANT Steph Dyer (ADDRESS) City of St. Louis18. BURIAL, CREMATION, OR REMOVAL PLACE Grinders DATE Feb. 25 193619. UNDERTAKER Math. Hermann & Son (ADDRESS) 161 East Fair St.20. FEB 24 1936 Registrar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21/36I HEREBY CERTIFY, That I attended deceased from 1/28 1936 to 2/21/36I last saw him alive on 2/21/36 Death is saidto 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:

Angular Fibrillation
supraventricular in disease

Date of onset

Other contributory causes of importance: 95a

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) Harmon H. Forrest, M. D.(Address) City of St. Louis

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.

