a

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.

MAY 18 1936

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

Do not use this space.

14206

85

1001

File No.

Registered No. 606

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township

Primary Registration District No.

City: St. Joseph. (No. 423 No. 22nd. St. St. Ward)

2. FULL NAME: Charles Dewey Bristol

(a) Residence, No. 423 No. 22nd. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma S. Bristol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	8	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bristol Supply Co.

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): St. Joseph. Mo.

FATHER

13. NAME: Henry R. Bristol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown N.Y.

MOTHER

15. MAIDEN NAME: Harriett Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Eng.

17. INFORMANT (ADDRESS): Mrs. Emma S. Bristol 423 No. 22nd. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Apr. 24, 1936.

19. UNDERTAKER (ADDRESS): Walter Meinhofer 1302 Faraon St. St. Joseph, Mo.

20. FILED 4-24, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 22, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935, to April 22, 1936

I last saw him alive on April 22, 1936. Death is said to have occurred on the date stated above, at 10.00 m. P.M.

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

	Date of onset
Myocarditis Chronic	Don't Know

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None 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) Samuel Morton, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.