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.

OCT 20 1936

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

Do not use this space.

33558

1. PLACE OF DEATH

County: Audrain — Registration District No.: 26 — File No.:

Township: Saltivor — Primary Registration District No.: 3002 — Registered No.: 156

City: Mexico, Mo (No. Audrain Hospital St. Ward)

2. FULL NAME: Samuel Elmer Bride.

(a) Residence, No. R.F.D. # 6 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~ Ilaha Bride

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25, 1872

7. AGE: YEARS 64 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Aug - 1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hancock County Ill.

FATHER

13. NAME: James Bride.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER

15. MAIDEN NAME: Julia Warren.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Esther Lee Bride, 5475 Cabanne St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hamilton, Ill. DATE: Sept. 25, 1936

19. UNDERTAKER (ADDRESS): H. A. Pruett & Son, Mexico, Mo

20. FILED: Sept. 23, 1936 Blanche Neely, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Sept 22, 1936.
I last saw him alive on Sept 22, 1936. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraperitoneal hemorrhage (cause unknown)	
Hemorrhage from gums (cause unknown)	

Other contributory causes of importance:
Melano-Sarcoma of Liver & Lungs.
Intestinal polyp - (Jejunum)

Name of operation: Laparotomy — Date of: Sept 16/36
What test confirmed diagnosis? Autopsy findings — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? no — 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) H C Brashear, M. D.
(Address) Mexico, Mo.

JAN 24 1948

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

Do not use this space.

1. PLACE OF DEATH
County Andrain Registration District No. 26 File No.
Township Primary Registration District No. 3002 Registered No. 156
City Mexico (No. , St. Ward)

2. FULL NAME Samuel Elmer Brude

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	2	27	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 9/25- 1936 Blanche Neely
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-peritoneal hemorrhage	
cause unknown	
Unable to find primary seat when post-mortem examined	
(HCB)	

Other contributory causes of importance:
Melano-Sarcoma of liver
Intestinal Polyp

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) H. C. Brucken, M. D.
(Address) Mexico 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.

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