

DEC 18 1936

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

Do not use this space.

40348

1. PLACE OF DEATH

County Benton Registration District No. 61
Township Lindsay Primary Registration District No. 5097
City Warsaw (No. _____, _____, _____) St. _____ Ward _____

File No. _____
Registered No. 47

2. FULL NAME Alexander Paschall Bristow

(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 Malee 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
~~HUSBAND OR~~
~~WIFE~~ Ella Bristow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 5 2

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

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) Warsaw, Mo.

13. NAME Benjman Franklin Bristow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.

15. MAIDEN NAME Mary Mathews.

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

17. INFORMANT (ADDRESS) Mrs. Elwood Davis
Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw, Mo. DATE Nov. 26, 1936

19. UNDERTAKER (ADDRESS) E. M. White
Warsaw, Mo.

20. FILED 11/25, 1936 Jas. A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 25, 1936

22. I HEREBY CERTIFY That I attended deceased from July 14, 1936, to Nov 25, 1936
I last saw him alive on Nov 29, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Fracture left hip -
following - old
Chronic Interstitial
nephritis
Date of onset 1925

Other contributory causes of importance:

Senility

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-16-1936

Where did injury occur? at his home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall -
Nature of injury fracture hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Jas A Logan M. D.
(Address) Warsaw 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.

