

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MercerRegistration District No. 556Township RavennaPrimary Registration District No. 4329City (No. 5951)File No. 7251Registered No. 14St. Ward 2. FULL NAME Joel Bridges(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1853

7. AGE

YEARS 81MONTHS 9DAYS 26If 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)

11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER

13. NAME Joel Bridges14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Hight16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT (ADDRESS) Leah Bridges

18. BURIAL, CREMATION, OR REMOVAL

PLACE PowdermillDATE Feb 8193719. UNDERTAKER (ADDRESS) Not known20. FILED H10

1937

J. M. Perry

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5193722. I HEREBY CERTIFY, That I attended deceased from June 91936, to Jan 301937I last saw him alive on Jan 301937

Death is said

to have occurred on the date stated above, at 9 P. m.

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

Cerebral hemorrhage.Date of onset Other contributory causes of importance: 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) D. B. J. Atello(Address) Princeton, Mo.

WRITE PLAINLY

100M-110-33

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.

6. RECORD

THE MAY 1964 ISSUE OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
CONTAINS A REPORT BY DR. J. H. HARRIS, JR., OF THE UNIVERSITY OF CALIFORNIA, BERKELEY, CALIF.

THE REPORT IS TITLED "EFFECTS OF A LOW-DOSE RADIATION THERAPY ON THE GROWTH OF THE RAT" AND IS PUBLISHED IN THE MAY 1964 ISSUE OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.