

APR 16 1937

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

Do not use this space.

File No. 11633
Registered No. 10

1. PLACE OF DEATH
County Christian Registration District No. 204
Township Shoal Primary Registration District No. 5784
City (No.) St. Ward

2. FULL NAME Agusta A 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 20
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadb. Ohio
10. NAME OF FATHER Ross Peacock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Angeline Simon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Mrs D M Neal Cameron Mo
15. FILED 3/5 1937 D A Whisley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1937
17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931, to March 3, 1937 (that I last saw her alive on Nov 5, 1937, and that death occurred, on the date stated above, at 4:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) no
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) A O Gilliland M. D.
Feb 5 1937 (Address) Cameron Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Grain Bend Cem. Cameron Mo March 5 1937
20. UNDERTAKER ADDRESS
O A Moore Cameron Mo

CRUISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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