

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

Do not use this

JUL 30 1937

24220

File No.
Registered No. 57
St. Ward)

1. PLACE OF DEATH
County Macon Registration District No. 533
Township Primary Registration District No. 3023
City Macon (No. St. Ward)

2. FULL NAME Joseph Luchil Bridgford
(a) Residence No. 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 Mary Bridgford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
67 9 9

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

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) Paris Mo

13. NAME William Bridgford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rachis Luchil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mary Bridgford

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE 6/27 1937

19. UNDERTAKER (ADDRESS) Allen Skinner

20. FILED 7/9 1937 Seola Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25 1937

I HEREBY CERTIFY That I attended deceased from April 2, 1936 to June 25, 1937
I last saw him alive on June 24, 1937 Death is said to have occurred on the date stated above, at 9 a m.

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

Metastatic carcinoma of prostate and resulting cachexia

Date of onset April 1936

Other contributory causes of importance: Primary site not determined - probably in prostate

Name of operation Date of
What test confirmed diagnosis? x-ray 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) J. P. Lowrey, M. D.
(Address) Macon Mo

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

