

SEP 17 1937

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

Do not use this space.

30738

1. PLACE OF DEATH

County Shreve Registration District No. 318
 Township N. Cross Primary Registration District No. 5439
 City Springfield (No. Shreve Co. V.B. Sanatam) Registered No. 619 Ward

2. FULL NAME

(a) Residence, No. 1843 N. Benton Ward.
 (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 M. 4. COLOR OR RACE W 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 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 7 3 22

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

13. NAME Charley Bridges

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

15. MAIDEN NAME Blanch. Erby

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Amfman

17. INFORMANT Charley Bridges
 (ADDRESS) 1843 N. Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 8-3

19. UNDERTAKER Sparks & Co
 (ADDRESS) Springfield Mo

20. FILED Aug 2 1937 Chas A George
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to July 28, 1937
 I last saw h. alive on July 28, 1937. 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:

Pulmonary Tuberculosis Date of onset 1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? N.O.

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) P. Russell, M. D.

(Address) Springfield 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.

