

JAN 21 1938

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

46164
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid
(b) Township Franklin
(c) City Como

Registration District No. 605-3
Primary Registration District No. 4359

Registered No. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cora E Bridges

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah Bridges
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-15-1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 1 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1937 to Dec 26 1937
I last saw her alive on Dec 27 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance was as follows:

Cerebral Hemorrhage Dec 21
High Blood Pressure about 200 for 6 or 8 years
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? By Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Violence Date of injury 2, 1937
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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? +
If so, specify _____
(Signed) Lyndon Carleton, M. D.
(Address) Malvern

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.
13. NAME Jessie M. Deem
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind Ind
15. MAIDEN NAME Sarah Bennington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Mo
17. INFORMANT Wanita Davis
(ADDRESS) Louisiana Calif.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Leland DATE Dec 29 1937
19. FUNERAL DIRECTOR Anderson Funeral Home
(ADDRESS) Campbell Mo
20. FILED 12/28 1937 Dr. Geo. W. Husted
Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)