

REC'D MAR 21 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Cedar Registration District No. 165  
 Township Washington Primary Registration District No. 5-234  
 City Stockton (No. 1) St. 13 Ward 13

## 2. FULL NAME

Jasper Bridge 6321  
 (a) Residence, No. 6321 St. 13 Ward 13  
 (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy C. Bridges  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1851  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
86 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Clair Co. (STATE OR COUNTRY) 0

13. NAME Elisha Bridges 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown 9

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT H. N. Bridges (ADDRESS) Stockton

18. BURIAL, CREMATION, OR REMOVAL PLACE Virgin city DATE March 20, 1938

19. UNDERTAKER H. C. Davis & Co. (ADDRESS) Stockton, Mo.

20. FILED Mar 24 1938 Mar. 24, 1938 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1938, to Mar 18, 1938

I last saw him alive on Mar 13, 1938 Death is said to have occurred on the date stated above, at 5 a. m.

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

Chronic Brights disease Date of onset 131

Other contributory causes of importance:

Sensitivity

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) H. A. Sinsell, M. D.

(Address) Stockton 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.

