

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.

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

Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH

County Chariton Registration District No. 176  
Township Cunningham Primary Registration District No. 5244  
City Summer Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. 14342

Registered No. 11

2. FULL NAME Ella Bridgell

(a) Residence, No. Cunningham Mo St. \_\_\_\_\_ Ward. 632  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. J. Bridgell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>82</u>		<u>1</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. her own home

10. Date deceased last worked at this occupation (month and year) April 17 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Brownville Indiana (STATE OR COUNTRY)

13. NAME John Barton

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

15. MAIDEN NAME Esteva Share

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

17. INFORMANT Mrs. Fields (ADDRESS) Campora Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Summer Mo DATE April 26 1938

19. UNDERTAKER H. G. Thome (ADDRESS) haldam

20. FILED April 25 1938 Mrs. C. E. Stevens Registrar. 835

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 18 1938 to Apr 24 1938  
I last saw her alive on Apr 24 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 4/14/38

Other contributory causes of importance: 100%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Syphilis 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) M. S. Hardy \_\_\_\_\_, M. D.

(Address) Summer Mo

