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

REC'D AUG 12 1938

Do not use this space.

791
1003

File No. 23992
Registered No. 6686

1. PLACE OF DEATH

County.....
Township.....
City..... (No. St. Mary's Infirmary St. ..... Ward)

Registration District No.....
Primary Registration District No.....

2. FULL NAME Lee Bridges 623

(a) Residence, No. 3710 Cook Ave St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Newborn.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day 3 1/2 hrs. or ..... min.
		0		

OCCUPATION

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.....
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 Louis Mo
(STATE OR COUNTRY)

FATHER

13. NAME Lee Bridges
14. BIRTHPLACE (CITY OR TOWN) Kosciusko Mississippi
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Odessa Miller
16. BIRTHPLACE (CITY OR TOWN) Ackerman Mississippi
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lee Bridges - 3710 Cook St Louis Mo (Father)

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 7-28-38 19

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept.

20. FILED JUL 27 1938 J. D. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 9:00 P.M. July 23, 1938, to 12:00 A.M. July 24, 1938
I last saw h..... alive on July 24, 1938 Death is said to have occurred on the date stated above, at 12:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance	

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) Earle Wilson, M. D.
(Address).....