

DEC'D SEP 28 1938

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

29783

Do not use this space.

## 1. PLACE OF DEATH

(a) County Tolk Registration District No. 701  
(b) Township Marion Primary Registration District No. 5920 Registered No. 36  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 JAMES A BRIDGEGE 632

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dialtha B.

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1857

....., 19....., to ....., 19.....

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
81 6 1I last saw him, alive on Aug 11, 1938. Death is saidto have occurred on the date stated above, at 4 p.m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 0

Coronary Occlusion  
94%

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Other contributory causes of importance:

Arteriosclerosis & Sclerosis

13. NAME Jerry Brundage14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MoName of operation ..... Date of .....  
What test confirmed diagnosis? Smear Was there an autopsy? .....15. MAIDEN NAME Mary Monday16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denn

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.

17. INFORMANT (ADDRESS) Jos Brundage Springfield

Manner of injury .....

Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE Aug 18, 193819. FUNERAL DIRECTOR (ADDRESS) Hutchinson & Son Johnson Mo

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Hutchinson Coroner, M.-D.20. FILED Aug 18, 1938 J. F. Roberts Local Registrar. 630 (Address) Bolivar Mo 4

RECEIVED

District Health Officer No. 7,

District File Number 7-38-10

Date Filed 9/15/38

**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 the above constitutes grounds for revocation of license.)**