

REC'D FEB 21 1939

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

2583
Do not use this space.

PLACE OF DEATH

(a) County Jackson Registration District No. 403
(b) Township Washington Primary Registration District No. 5537 Registered
(c) City Jackson City (d) Street No. 5206 Bennington St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

637 Mrs. Mary Shirley Bridges
(a) Residence, No. 5206 Bennington 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Bridges
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill.

FATHER 13. NAME Dr. Geo. Y. Shirley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Emily Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

17. INFORMANT Miss Helen S. Bridges
(ADDRESS) 1876 E 76th Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE M. Washington DATE Jan. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Newcomer's Sons
Brush Creek + Pease

20. FILED _____ 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Jan 4 1939
I last saw him alive on Jan 4 1939 Death is said to have occurred on the date stated above, at 9:15 P. m.

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

Bronchitis chronic
Cardiac insufficiency

Date of onset
1938

Other contributory causes of importance: 95 P.
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) H. Wagner M. D.

(Address) 318 Shaker Bldg K C Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Neil Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-83

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403
 (b) Township Brookings Primary Registration District No. 53-57
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 5206 Birmingham 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill

FATHER 13. NAME Geo. J. Shirley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Emily Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

17. INFORMANT (ADDRESS) Heled J. Bridges
1876 E. 7th Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Washing DATE 1-7 1939

19. FUNERAL DIRECTOR (ADDRESS) D. H. Newcomer
Commerce Bldg

20. FILED 3-5 1939 McIntosh Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1939, to 1-4 1939.
 I last saw her alive on Dec 4 1939. Death is said to have occurred on the date stated above, at 9:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Branchitis
Cardiac Insufficiency
Senility
 Date of onset 95

Other contributory causes of importance: Senility

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) K. J. Whalton M. D.
 (Address) 314 Shubert Bldg K.C. Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2583