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.

REC'D AUG 19 1939

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

Do not use this space.

1. PLACE OF DEATH

91

County Ripley — Registration District No. 75H — File No. 26658

Township Flatwood — Primary Registration District No. 59-80 — Registered No. 1406

City Flatwood (No. 6280 St. Ward)

2. FULL NAME 632 Mattie Bridgeforth

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

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John J Bridgeforth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont know

7. AGE: YEARS 76 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 9

FATHER

13. NAME: Dont know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know 9

MOTHER

15. MAIDEN NAME: Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): J J (X) Bridgeforth Flatwoods Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steel Mo DATE June 18 1939

19. UNDERTAKER (ADDRESS): German undertaker co Steel Mo

20. FILED 7/20 1939 H Ewbett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16th 1939

22. I HEREBY CERTIFY That I attended deceased from June 1, 1939 to June 19, 1939
I last saw her alive on June 10, 1939. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

apoplexy 131

Date of onset

Other contributory causes of importance:
chronic nephritis with hypertension

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? no
If so, specify
(Signed) H Ewbett M. D.
(Address) Naylor Mo

675

RECEIVED
District Health Officer No. 5
District File Number 8396
Date Filed 8-10-39