

WHITE PENCIL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FILED FEB 19 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2951

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registration District No. 500

Primary Registration District No. 4303

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Laclede  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community All  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Laclede  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Geo. Washington Bridgett

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mary Bridgett  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr. 10, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 10 hr. \_\_\_\_\_ min.

9. Birthplace Linn Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business \_\_\_\_\_

12. Name Alexander Bridgett  
13. Birthplace Sullivan Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Not known  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ravella Hutchinson  
(b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof 1/22/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Mo.

18. (a) Signature of funeral director T. J. Thomas  
(b) Address Laclede, Mo.

19. (a) Jan 22 - 1940 (b) Mr Geo Plouman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1940 hour 7 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Jan 9, 1940, to Jan 20, 1940,  
that I last saw him well alive on Jan 19, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 1/2 hrs

Due to arterial sclerosis

Due to essential hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) J. J. H.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. H. (M. D. or other) J. J. H.  
Address Laclede, Mo. Date signed 1/22/40

RECEIVED

District Health Officer No. 111

District File Number 240-576

Date Filed FEB 8 1940

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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 Me

W.G. Thorne

, Registered Apprentice No. 2876

working under my personal supervision.

Signed



W.G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo.

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.