

120 APR 25 1940

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

12787

Do not use this space.

1. PLACE OF DEATH

(a) County North Allen Registration District No. 905  
(b) Township Allen Primary Registration District No. 6216  
(c) City North Allen (d) Street No. 20 St. North Allen  
(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. da. 0 (f) How long in U. S., if of foreign birth? yrs. mos. da. 0

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Samuel Murray  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1846  
7. AGE YEARS 93 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
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 Life  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincolnton Mo.  
13. NAME John E. Bridges  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
15. MAIDEN NAME Polly Arnold  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
17. INFORMANT Sam Murray (ADDRESS) North Allen, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE North Allen DATE April 17 1940  
19. FUNERAL DIRECTOR (NAME) Brian Bros (ADDRESS) Denver, Mo.  
20. FILED Apr 19 1940 A. L. Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1940  
22. I HEREBY CERTIFY, That I attended deceased from April 3 1940 to April 15 1940  
I last saw him alive on April 15 1940 Death is said to have occurred on the date stated above, at 10:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset Apr. 3 1940  
Other contributory causes of importance:  
Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify None  
(Signed) John E. Bridges M.D.  
(Address) North Allen, Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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

Signed.....

Licensed Embalmer No.....

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.**