

MAY JUN 1 1940

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

Do not use this space.

18163

1. PLACE OF DEATH

County Clark

Registration District No. 190

Township 2

Primary Registration District No. 4113

City Kahoka (No. 1)

St. _____ Ward _____

2. FULL NAME

William Bridges Jr

(a) Residence, No. 7 Ward. _____

(Usual place of abode) Kahoka Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1859

7. AGE YEARS 81 MONTHS 2 DAYS 26 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist

9. Industry or business in which work was done, as silk mill, 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) Franklin Co Missouri

13. NAME Rev Wm Bridges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Virginia Knodel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT James Bridges (ADDRESS) Kahoka Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cemetery DATE May 13, 1940

19. UNDERTAKER Fred J. Hart (ADDRESS) Kahoka Mo

20. FILED 13 1940 J. B. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1940

22. I HEREBY CERTIFY that I attended deceased from January 1, 1936 to May 11, 1940. I last saw him alive on May 11, 1940. Death is said to have occurred on the date stated above, at 12:25 P.M.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Cerebral Apoplexy

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 _____

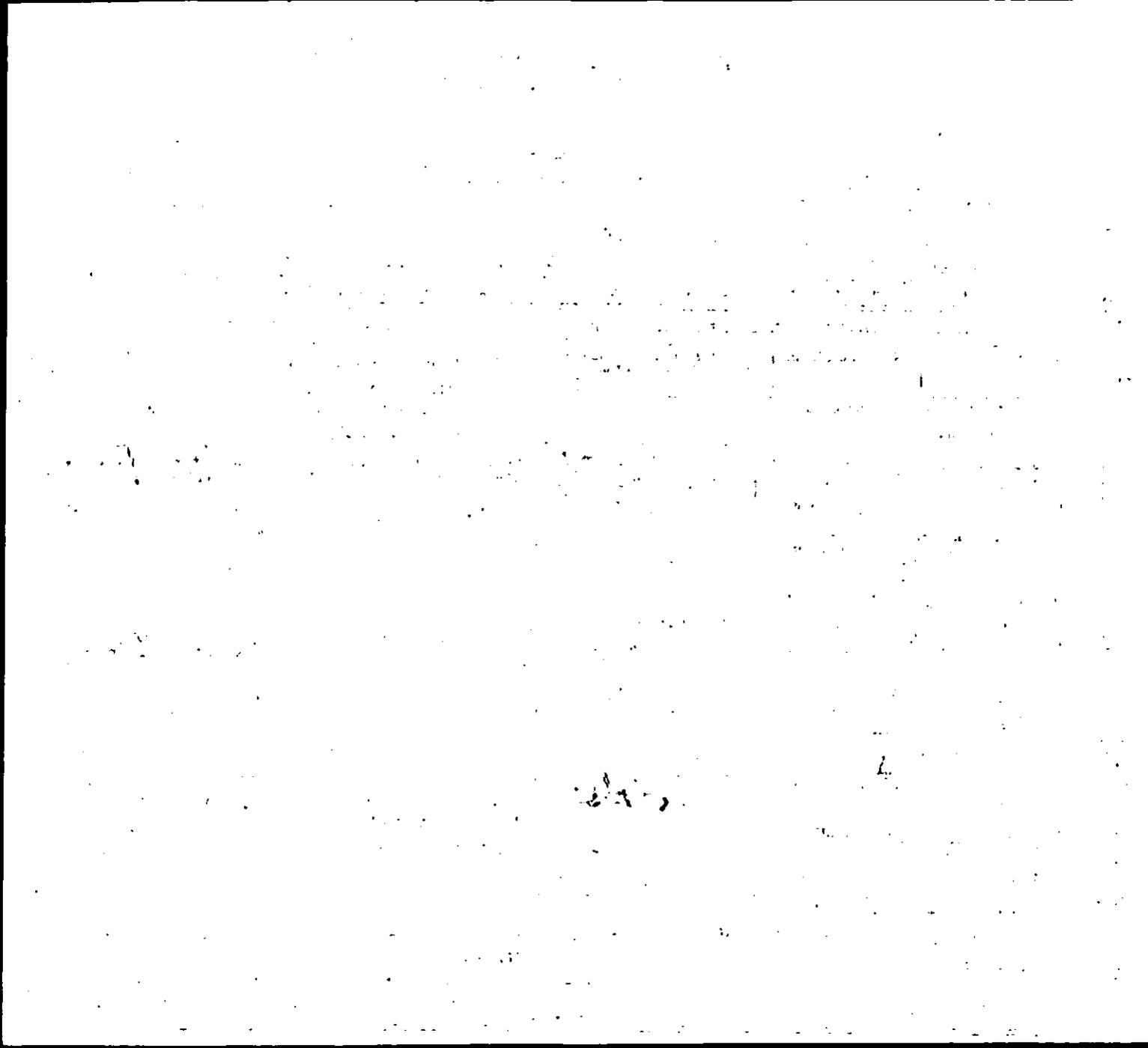
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Bridges, M. D.

(Address) Kahoka Mo

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.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18163
Registrar's No. 21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 190

Primary Registration District No. 4113

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Starkton
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
(c) City or town Kahoka Mo
(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 William Bridges Jr.

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

4. Sex m 5. Color or race White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace. (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace. (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace. (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 5 '40 (b) JR Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month May day 11 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 JR Bridges (M. D. or other) _____
Address Kahoka Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

