UL 25 1927

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

Do not use this space.

17621

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 17621
Township — Primary Registration District No. — Registered No. 662
City St. Joseph, Mo., (No. Sisters Hospital St. Ward)

2. FULL NAME Mary Ann Bridgford.
(a) Residence. No. 1114 North 6th Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. L. Bridgford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	57	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Sheridan,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER W. M. Perkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Minerva Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England

14. INFORMANT J. L. Bridgford.
(Address) 1114 North 6th Street

15. FILED JUN 27 1927 John G. Wz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1927, to June 25, 1927 that I last saw her alive on June 25, 1927, and that death occurred, on the date stated above, at 1:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
89
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1114 N 6
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gustav A Lau, M. D
6/27, 1927 (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	6/27 1927
20. UNDERTAKER	ADDRESS
Fleeman - Faris	1208 Francis

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.