WRITE 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.

JUN 24 1931

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

Do not use this space.

16989

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township Kirksville — Primary Registration District No. 3001 — Registered No. 94

City ~~XXXXXXXXXXXXXXMO~~ (No. ~~R R GREEN TOP MO~~ St., Ward)

2. FULL NAME CHAS GRANT BRIDDLE - Ellis Hospt

(a) Residence. No. ~~R R GREEN TOP MO~~ St., Ward. R R Green Top Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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)
MALE	WHITE	MARRIED

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LENA BRIDDLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT 17th 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
xxx	66	6	~~12~~ 25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work FARMER

(b) General nature of industry, business, or establishment in which employed (or employer) STOCK & GRAIN

(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ILL,

PARENTS

10. NAME OF FATHER THOMAS BRIDDLE

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKEY

12. MAIDEN NAME OF MOTHER JEMINA SPISER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKEY

14. INFORMANT Florence Newcomer
(Address) GREEN TOP MO

15. FILED 5/31, 1931 A. F. Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 12 - 1931

17. I HEREBY CERTIFY, That I attended deceased from May 8th, 1931, to May 12, 1931

that I last saw him alive on May 12, 1931, and that death occurred, on the date stated above, at 9.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

59

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine Sugar test

(Signed) M. J. Hull D.O.

, 19 (Address) Kirksville Mo

*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
UNION CHURCH CEMETERY	5/14 1931

20. UNDERTAKER	ADDRESS
Davis & Wilson	Kirksville

1931 - 5 - 12
1864 - 10 - 17

66 - 6 - 25

42
17
25