

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

Do not use this space.

1. PLACE OF DEATH
 110 County Washington Registration District No. 883
 Township Bellemead Primary Registration District No. 4177
 City (No. _____) St. _____ Ward _____

2. FULL NAME Evans Greenwood Bridgewater
 (a) Residence, No. _____ St. _____ Ward _____
 (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.

18509
 File No. _____
 Registered No. 126

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 16 March - 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>18</u>	<u>2</u>	<u>5</u>	

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

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) St Louis 1

13. NAME Charles Bridgewater

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

15. MAIDEN NAME Argie Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caledonia MO

17. INFORMANT Charles Bridgewater
 (ADDRESS) California MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Caledonia DATE 5-22-32

19. UNDERTAKER Herman White + Son
 (ADDRESS) Trouton MO

20. FILED June 20, 1932 Mrs J M Kinoy
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1914, 19 , to 5/21, 1932
 I last saw him alive on 5/19, 1932. Death is said to have occurred on the date stated above, at 6300 m.
 The principal cause of death and related causes of importance were as follows:
2 meningitis (?) about 4/11/1932
666
1915
 Other contributory causes of importance:
a cretin of a finital type
no mentality from birth.
 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? no
 If so, specify _____
 (Signed) W. T. Duesterhaus, M. D.
 (Address) Desloge MO

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1932

