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.

DEC 12 1935

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

Do not use this space.

35439

1. PLACE OF DEATH

19 County Cass — Registration District No. 156 — File No.

8 Township — Primary Registration District No. 4090 — Registered No.

City Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME Helen Faye Bridges

(a) Residence, No. ..... St., ... Ward. Garden City, 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Leo Harrison Bridges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1913

7. AGE: 5 — YEARS 22 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
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 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creighton Mo

FATHER

13. NAME Luther T Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Mo

MOTHER

15. MAIDEN NAME Julia A. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs L. J. Williams

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Dayton Cemetery DATE 11/24 1935

19. UNDERTAKER (ADDRESS) Atkinson Bros & Easterla Harrisonville, Mo

20. FILED 11/23 1935 E. M. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1935, to Nov 23, 1935

I last saw her alive on Nov 23, 1935. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Puerperal Peritonitis
Four months pregnant
Cause unknown

Date of onset

Other contributory causes of importance

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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) E. M. Griffith, M. D.

(Address) Harrisonville, Mo