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

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

64 County Marion — Registration District No. 548. — File No. 20673

Township Liberty — Primary Registration District No. 5740. — Registered No. 25.

City ..... (No. ....., ... 2 St. ..... Ward)

2. FULL NAME Baby Bridgeman

(a) Residence, No. Palmyra, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 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	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	0	0	

OCCUPATION

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

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): Marion County Missouri

FATHER

13. NAME: Charley Bridgeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Missouri

MOTHER

15. MAIDEN NAME: Rosema Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Missouri

17. INFORMANT (ADDRESS): Charley Bridgeman Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE Cobb Cemetery DATE 5/23/37, 19

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED May 23 1937 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to May 22, 1937

I last saw her alive on May 22, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

Failure of the development of Frontal & Parietal bones to develop leaving Brain exposed — Date of onset: In Embryo

Other contributory causes of importance:

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 — B

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. P. H. Stuhlman, M. D. O.

(Address) Palmyra, Mo.