

REC'D MAY 22 1939

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

15988

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 2 Registration District No. 773
(b) Township 1 Primary Registration District No. 4464
(c) City Farmington (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie Anna Bridges
(a) Residence, No. _____ St. (If nonresident, give city or town, and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Obc Sutherland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6 1886</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	11. Total time (years) spent in this occupation <u>-</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington, Mo. O</u>		
FATHER	13. NAME <u>Jerry Bridges</u> 7	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Clarice Kennedy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Moses Bridges</u> <u>Farmington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cal Masonic</u> DATE <u>4-15</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Merck and Co.</u> <u>Farmington, Mo.</u>		
20. FILED <u>April 17, 1939</u> <u>B. J. Robinson</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to April 15, 1939.
I last saw her alive on 4/15, 1939. Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:
Jerry Bridges
98
Date of onset _____

Other contributory causes of importance:
acute Bright Disease of all eyes

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) Chas. C. Winters M. D.
1699 (Address) Farmington, Mo.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1 X-140228
50M-10-2-38

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

C. J. Floyd, or by *me*

Registered Apprentice No., working under my personal supervision. *Wendert and Co*

Signed *C. J. Floyd*

Licensed Embalmer No. *3527*

P. O. Address *Barnington, Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.