

REC'D AUG 17 1939

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

26957
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 798
 (b) Township Arrow Rock Primary Registration District No. 6030B
 (c) City Nelson (d) Street No. _____
 (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

632 Carrie E Bridgwater
 (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridgwater
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr, 2 1939 19
 22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to Apr 2, 1939
 I last saw her alive on Apr 2, 1939. Death is said to have occurred on the date stated above, at 8.30 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Right breast, with probable involvement of pelvic region of stomach
 Date of onset _____

Other contributory causes of importance: 50

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) R. W. Stouffer, M. D.
 (Address) Nelson, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson 0

FATHER 13. NAME Walter Murphy 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

MOTHER 15. MAIDEN NAME Lizzie Taylor Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Lizzie Murphy,
(ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Nelson Mo. DATE Apr. 2, 1939

19. FUNERAL DIRECTOR Jones and Salzer,
(ADDRESS) Slater Mo.

20. FILED Aug 10, 1939 E. L. Chivell
 Local Registrar.

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.

I X12004

C 1
M 24

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STATEMENT BY LICENSED EMBALMER

I, *Herman Salzer*
Herman Salzer

Licensed Embalmer No. 1831

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *He*

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Herman Salzer*

Licensed Embalmer No. *1831*

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.)