

WRITE CLEARLY, 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.

FILED JUL 17 1940

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

21890  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Newell Registration District No. 384

(b) Township West Plains, Mo Primary Registration District No. 4227

(c) City West Plains, Mo (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 3 yrs. 10 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Louisa Bredges

(a) Residence, No. \_\_\_\_\_ St.  Brandsville Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Bredges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1853

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

86 6 20

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

9. Industry or business in which work was done, as 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) Bradley Co. Tenn.

FATHER 13. NAME Geo. West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradley Co. Tenn.

MOTHER 15. MAIDEN NAME Louisa Spears

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradley Co. Tenn.

17. INFORMANT (ADDRESS) Mrs. Mable Mullins West Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bredges DATE 6/10-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertsons West Plains Mo

20. FILED 6-10 1940 Vida W. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10-1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940 to June 10, 1940. I last saw her alive on June 10, 1940. Death is said to have occurred on the date stated above, at 12:05 P.M.

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

Chronic Myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: Chronic Hepatitis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Robertson, M. D.

(Address) West Plains Mo

---

---

**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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

**RECEIVED**

District Health Officer No. 5,

District File Number 760 734

Date Filed 7/1/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**