

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

Do not use this space.

**FILED AUG 29 1941**

27706

**1. PLACE OF DEATH**

County Audran Registration District No. 26 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3002 Registered No. 129  
City Meyleo (No. Meyleo General Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** James Bridgford

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1941

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Oil Bridgford

22. I HEREBY CERTIFY, That I attended deceased below July 30 1941 to July 30 1941

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1870

I last saw him alive on July 30 1941. Death is said to have occurred on the date stated above, at 7:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 1 21

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

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Fanner  
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 \_\_\_\_\_

Basal skull fracture 7/30/41  
Other contributory causes of importance: 105' 29'

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

13. NAME James H Bridgford

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Angie Simley Bridgford

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/30/41

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Where did injury occur? on James H. Bridgford Mo  
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Ralph Bridgford Santa Fe Mo

Specify whether injury occurred in industry, in home, or in public place: on James H. Bridgford Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Fork DATE Aug-1-1941

Manner of injury 120 m. horse rearing  
Nature of injury Basal skull fracture

19. UNDERTAKER (ADDRESS) Erny & Hamer Santa Fe Mo

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify Heuling pulled grain

20. FILED July 31 1941 B. Busche Reely Registrar

(Signed) L. D. Hasse  
(Address) St. Louis Mo

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.

4  
1  
2

*L. S.*

*Handwritten notes, possibly "of the..."*

*Handwritten notes, possibly "The..."*

*Handwritten note, possibly "Person"*

*Handwritten notes, possibly "The..."*

*Handwritten notes, possibly "The..."*

RECEIVED

District Health Officer No. 10

District File Number 8-41-1532

Date Filed AUG 20 1941