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

SEP 21 1936

Do not use this space.

30337

1. PLACE OF DEATH
County Cole
Township
City Jefferson City Mo.
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 243
St. Ward)

2. FULL NAME Cleal Bridges

(a) Residence, No. 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

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cleo Priceiwal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31, 1911
7. AGE: YEARS 25 MONTHS DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work
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) Jefferson City, Mo.

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Anna Amos
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Anna Bridges
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russellville Mo DATE Aug 21, 1936

#37 19. UNDERTAKER Buescher Funeral Home
(ADDRESS) 429 E. Capitol Ave

20. FILED 9/20/ 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 18 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 19 , to Aug 18, 1936
I last saw him alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Shock
Gunshot abdomen

Date of onset: Aug 18/36

Other contributory causes of importance: 1 7 3

Name of operation None 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? Homicide Date of injury 8/18/1936
Where did injury occur? Russellville Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Shot by night watchman
Nature of injury Gunshot wound - abdomen

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

(Signed) [signature], M. D.
(Address) Jefferson City Mo