

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.

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

Do not use this space.

8411
5005

1. PLACE OF DEATH
County DeKalb Registration District No. 259
Township Camden Primary Registration District No. 5359B
City (No.) St. Ward

2. FULL NAME William Richard Bradford
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5th 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>2</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Co. Patient

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) Davies Co. Mo.

FATHER

13. NAME Henry Jacob Bradford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co.,

MOTHER

15. MAIDEN NAME Charity Tartar

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

17. INFORMANT Luther Bradford
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL Christian Chapel Cem DATE 3/16-34 19

19. UNDERTAKER W. G. Pilcher
(ADDRESS) Maysville Mo

20. FILED 3/15-34 19

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1933 to March 14 1934
I last saw him alive on March 14 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

acute pyelitis with pyuria

Other contributory causes of importance: hemiplegia

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

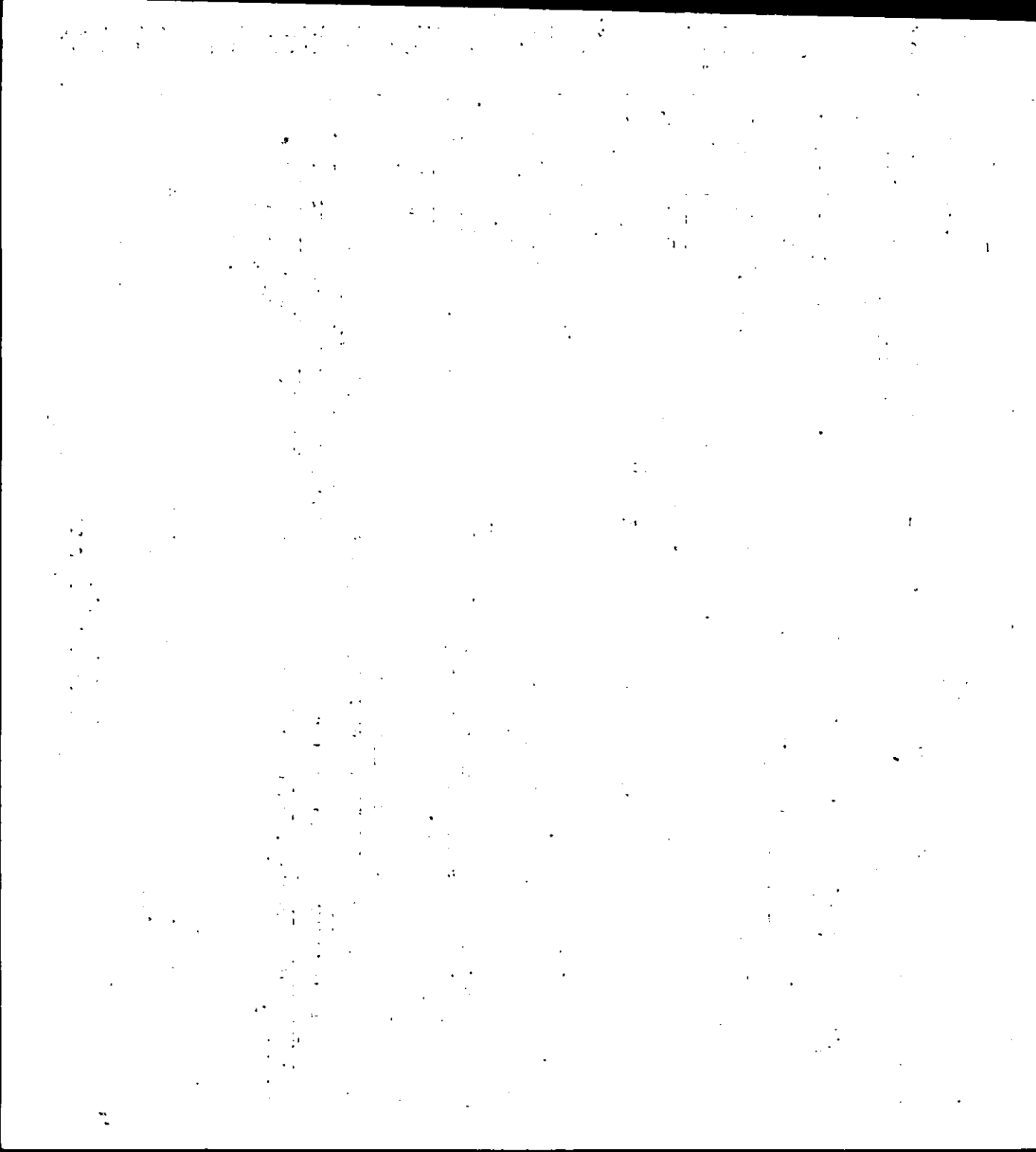
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. H. Reynolds, Jr.
(Address) Maysville Mo

Date of onset
1934
3/15

Registrar



De Walt

WASHINGTON

8411

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: William Richard Bradford
Who died at _____ on Mar 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: S

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year 82

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute nephritis - unknown
The paraplegia was caused from acute nephritis

Other contributory causes of importance hemiplegia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. H. B. Reynolds D. H.

Address of physician _____

Signature of Registrar Mrs. Hattie Gibson Date filed 3-15-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 259

E. T. McGaugh

Primary Reg. Dist. No. 2-359B

Special Agent.

