

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

1928
REGISTRATION

1 PLACE OF DEATH

County *Scotland*
Township *Thousson*

Registration District No. *808*

File No. *18471-A*

Village

Primary Registration District No. *448*

Registered No.

City (NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Wm. B. Bradley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) *married*

6 DATE OF BIRTH *Apr 13 1842*
(Month) (Day) (Year)

7 AGE *78* yrs. *0* mos. *17* ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Jeweler* (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Missouri*

PARENTS 10 NAME OF FATHER *Squire Bradley* 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Kentucky* 12 MAIDEN NAME OF MOTHER *Minnie Evans* 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Kent*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *R. N. Bradley* (Address) *Memphis, Tenn.*

77-1920 of *R. P. Parris* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Apr 30 1920*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Apr 14 1920* to *Apr 29 1920* that I last saw him alive on *Apr 29 1920* and that death occurred, on the date stated above, at *5:45* m.

The CAUSE OF DEATH* was as follows:
apoplexy
82A 740
97 (Duration) yrs. mos. *18* ds.
CONTRIBUTORY *arterio sclerosis* (Secondary) (Duration) yrs. mos. ds.

18 (Signed) *A. Y. Davis* M. D. *May 2, 1920* (Address) *Orbela, Mo.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death... yrs. mos. ds. In the State... yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Luna* DATE OF BURIAL *May 2 1920*

20 UNDERTAKER *F. D. Farwell* ADDRESS *Granger, Mo.*

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asihenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Scotland Registration District No. 898 File No.
 Township Thomson Primary Registration District No. 605-3 Registered No. 7
 City (No.) St. Ward)

2. FULL NAME Wm B Bradley
 (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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 13-1842
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 17
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Jeweler
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 10. NAME OF FATHER Squire Bradley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Maria Evans
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT R. N. Bradley
 (Address) Memphis mo 124 7-13-20
 15. FILE NO. 918 1920 REGISTRAR W. B. Farwell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 30 1920
 17. I HEREBY CERTIFY, That I attended deceased from Apr 14, to Apr 29, 1920
 that I last saw him alive on Apr 29, 1920 and that death occurred, on the date stated above, at 5:45 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
 CONTRIBUTORY (SECONDARY) Arterio sclerosis (duration) yrs. mos. ds. 8
several (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. L. Davis, M. D.
May 2, 1920 (Address) Abel mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lucas DATE OF BURIAL May 2 1920
 ADDRESS Granger mo
 20. UNDERTAKER W. B. Farwell

SUPPLEMENTARY

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