

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

2017

1. PLACE OF DEATH  
 County Randolph Registration District No. 734 File No. \_\_\_\_\_  
 Township Paris Primary Registration District No. 59642 Registered No. 8  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>1</u>	<u>4</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (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) Brown Co. Mo

10. NAME OF FATHER Smith Bradley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Ella Cross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Virginia

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1922

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
30 \_\_\_\_\_, 1922, to July 31 \_\_\_\_\_, 1922  
 that I last saw him alive on July 27 \_\_\_\_\_, 1922, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH—WAS AS FOLLOWS:  
Myocardial acute

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

CONTRIBUTORY Hemiplegia  
 (SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Paralysis  
 (Signed) Geo W. Nichols \_\_\_\_\_, M. D.  
8-2, 1922 (Address) Hygiene 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. (See reverse side for additional space.)

14. INFORMANT Mrs William Bradley PLACE OF BURIAL, CREMATION, OR REMOVAL St. Ann's Cemetery Randolph Mo DATE OF BURIAL Aug 2 1922  
 (Address) Hygiene Mo

15. FILED 8-11-22 1922 Hygiene Mo REGISTRAR C. L. Kellogg

20. UNDERTAKER C. L. Kellogg ADDRESS Hygiene Mo

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.

# 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*, *Compositor*, *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 desirable; *Chronic interstitial* for malignant neoplasms; *tory* (secondary or *Chronic valvular heart* it be stated unless *interstitial*, etc. The condition disease causing death), *recurrent* affection (secondary), 10 ds. portant. Example: *Measles* or terminal conditions, 29 ds.; *Bronchopneumonia*" (merely symptomatic). Never report mere symptoms "Coma," "Convulsion," such as "Asthenia," "Anital," "Senile," etc.), "Atrophy," "Colic," "Heart failure," "Hemorrhages," "Debility" ("Carasmus," "Old age," "Dropsy," "Exhaustion, kness," etc., when a "Shock," "Uremia," " resultating from child-definite disease can be *puerperal septicemia*," Always qualify all diseases. State cause for birth or miscarriage, as *puerperal* or *puerperal peritonitis* OF INJURY and qualify which surgical operation or homicidal, or as VIOLENT DEATHS state to determine definitely, as ACCIDENTAL, *suiciding; struck by railway train—accident; fracture of skull, and homicide; Poisoned by caelanus*), may be stated The nature of the injury." (Recommendations consequences (e. g., *sep* of death approved by under the head of "Comre of the American tions on statement of c: Committee on Nomen Medical Association.)

add to above list of undesirable certificates containing them.

**NOTE.**—Individual offices & City states: "Certificate, able terms and refuse to accept information which give any of Thus the form in use in New planation, as the sole cause will be returned for additional birth, convulsions, hemorrhage, gangrene, gastritis, erythema, list suggested will work necrosis, peritonitis, phlebitis, can be extended at a later But general adoption of the m vast improvement, and its ac— date.

—OTHER STATEMENTS

N.

ADDITIONAL SPACE FOR  
BY PHF.