

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

Do not use this space.

17626

**JUL 25 1927**

1. PLACE OF DEATH  
 County Buchanan Registration District No. 55  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. Wards Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 670

2. FULL NAME Marie Bradshaw  
 (a) Residence No. 1310 1/2 North 4th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Carie Bradshaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13, 1883

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.  
43 9 16 \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles E. Steele

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph  
 (STATE OR COUNTRY) Michigan

12. MAIDEN NAME OF MOTHER Elizabeth Hambley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carrollton  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Hosier Steele  
 (Address) St. Joseph, Mo.

15. FILED 30 1927  
J. S. REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1927

17. I HEREBY CERTIFY, that I attended deceased from June 16, 1927, to June 29, 1927, that I last saw her alive on June 27, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Polar Pneumonia

CONTRIBUTOR (SECONDARY) 10100

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? clinical  
 (Signed) Carie Beck M. D.

\*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 Ashtan & Cem DATE OF BURIAL July 1st 1927

20. UNDERTAKER E. U. Sidenfiden ADDRESS 602 So. 10

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.

