

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

Do not use this space.

32865

1. PLACE OF DEATH

County Benton

Registration District No. 89

Township Polla Bluff

Primary Registration District No. 3007

City Polla Bluff

File No.

Registered No. 294

St. Ward)

2. FULL NAME

(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 7 4. COLOR OR RACE W 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 17 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 10 9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(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) Delos Co Ark

10. NAME OF FATHER Pharney Bradshaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Harrod Co Mo

12. MAIDEN NAME OF MOTHER Hattie Sisk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Success Ark

14. INFORMANT (Address) Barney Bradshaw Polla Bluff Mo

15. FILED 12-5-1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 30 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 745 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute appendicitis
1216 (duration) yrs. mos. 6 da.
CONTRIBUTORY (SECONDARY) 117B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ja

DID AN OPERATION PRECEDE DEATH? Ja DATE OF Nov 30-27

WAS THERE AN AUTOPSY? Ja

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam

(Signed) J. W. ... M. D.

11/30 (Address) Polla Bluff 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 DATE OF BURIAL

Woodlawn Dec 14 1927

20. UNDERTAKER ADDRESS

Frank Underwood Polla Bluff 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.

PERMANENT RECORD

12-5-1927

