

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

Do not use this space.

6777

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No.....) St.....

File No. 1731

Registered No. 1731

2. FULL NAME

Lena Bradley

(a) Residence. No. 916 Brookline St., 26 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	<u>37</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housework

(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) Ark

10. NAME OF FATHER Abe Underwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ark

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Henry Bradley (Address) 916 Brookline St

15. FILED....., 19..... May 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13 1928

17. I HEREBY CERTIFY That I attended deceased from 2/10 1928, to 2-13 1928 that I last saw her alive on 2-13 1928 and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia (Waxley) 108
101 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Asthma Bronchial
non tubercular (duration) yrs. 17 mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS..... Chemical

(Signed) J. H. Walker, M. D.

2/16 1928 (Address) 801 E. Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL Feb 17 1928

20. UNDERTAKER J. W. Hughes ADDRESS 2620 Lawton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

