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

Do not use this space.
19562

1. PLACE OF DEATH
County Scotland
Township Mt Pleasant
City ..... (No. ..... St. ..... Ward)
Registration District No. 945
Primary Registration District No. 6058
File No. .....
Registered No. .....

2. FULL NAME Orvie Don 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day ..... hrs. or 15 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Scotland Co, Mo.

PARENTS
10. NAME OF FATHER Howard Bradley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland Co, Mo.
12. MAIDEN NAME OF MOTHER Pearl Callahan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Moultrie Co, Mo.

14. INFORMANT Howard Bradley
(Address) Greensburg, Mo

15. FILED May 5 1928 Mattie Lancaster REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1928 to May 4th, 1928 that I last saw him alive on May 4th, 1928, and that death occurred, on the date stated above, at 3.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphixiation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cord around neck at birth.

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) R E Platter M. D
5=5/28 19 (Address) Memphis, 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 Bible Grove Mo
DATE OF BURIAL May 5 1928

20. UNDERTAKER Stephen Thrashes
ADDRESS Downing 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.