

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

Do not use this space.

23849  
2075

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Law Primary Registration District No. 1002

City 7th and city (Name St. Mary's Hospital)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Claudia Bradford

(a) Residence No. 1 St. \_\_\_\_\_

(Usual place of abode)

Ward. Sugar Creek Mo.

Sugar Creek Mo.  
(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

F

4. COLOR OR RACE

W-

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

Child

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

Nov. 13 1917

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

10

7

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Slater Mo.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Curtis Bradford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Oak Grove

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Fertuday Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Slater

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

C. J. Bradford  
Slater Missouri

15.

FILED

7/11 1928  
M. M. Crume  
Asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

July 11 1928

17.

I HEREBY CERTIFY That I attended deceased from July 9, 1928, to July 11, 1928

that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 1:06 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial infarction, congestive failure, Sanguinous Hemoptysis, Multiple lung abscesses  
Not 5 B (duration) Yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

CONTRIBUTORY (SECONDARY)

151 W  
(duration) Yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Culture + smear, Papanicolaou

(Signed) H. M. Sickles, M. D.

7/11, 1928 (Address) 615 Maple St. Slater 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

Slater Missouri

7-12 1928

20. UNDERTAKER

ADDRESS

Carroll's Son  
Slater 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.

