G 27 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

1. PLACE OF DEATH

County Maries Registration District No. 543 File No. 84427

Township Boone Primary Registration District No. 5734 Registered No.

City (No. St. Ward)

2. FULL NAME Fransis Bradford

(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 48 yrs. 4 mos. 2 ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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 A. C. Bradford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 5 – 1880

7. AGE 48 YEARS 4 MONTHS 2 DAYS If LESS than 1 day, ...hrs. or ...min.

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) Osage Co. Mo (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Anderson

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

12. MAIDEN NAME OF MOTHER Nancy McQueen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osage Co. (STATE OR COUNTRY) Mo.

14. INFORMANT Ed Anderson (Address) Meta Mo

15. FILED Aug 4 1928 G. W. Hartman REGISTRAR by deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1928

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 ......m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Verdict of Coroners Inquest
Epilepsy – duration 15 yrs
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dont know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF ......

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Radmacher, M. D.

, 19 (Address) Argyle 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 Little Flock Cemetery | DATE OF BURIAL July 7 1928

20. UNDERTAKER Jos. F. Wulff | ADDRESS Argyle Mo

18