

28 1928

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.

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

Do not use this space.
37421

1. PLACE OF DEATH

County Jefferson
Township Washington
City Mayfield (No. St. Ward)

Registration District No. 464
Primary Registration District No. 5626

File No. 12
Registered No. 61

2. FULL NAME Porter M 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

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)

Sept 3rd 1908

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17

8. OCCUPATION OF DECEASED

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

Mayfield Miss
Missouri

10. NAME OF FATHER

Porter Bradford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mayfield Miss

12. MAIDEN NAME OF MOTHER

Jessie Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hell City Kansas

14. INFORMANT

(Address)

Porter Bradford
Mayfield Miss

15. DATE

Dec 9, 1928

W Schroyer

MEDICAL CERTIFICATE OF DEATH

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

11/15 1928

17. I HEREBY CERTIFY That I attended deceased from 11/12, 1928, to 11/15, 1928, that I last saw him alive on 11/15, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Creeping Eclampsia

CONTRIBUTORY (SECONDARY)

7013

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W Schroyer M. D.
"11/16", 1928 (Address) Chessa

*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

Mt Olive Cemetery

11/16 1928

20. UNDERTAKER

ADDRESS

Atchafalaya

W Schroyer

REGISTRAR

