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

Do not use this space.

40848

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K.C. Mo (No. 4624 E-8th St. Ward)

File No. 5224
Registered No.

2. FULL NAME Olie Clay Bradley Jr.
(a) Residence. No. 4624 E-8th St., 10 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: M.
4. COLOR OR RACE: Wh.
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) 5-3-1928

7. AGE — YEARS: — MONTHS: 9 DAYS: 15 — If LESS than 1 day, ... hrs. or ..... 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) K.C.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Olie Bradley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Maude Oaks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Olie Bradley
(Address) 4624 E-8th

15. FILED 12/18, 1928 M. M. Conover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 18th, 1928 that I last saw him alive on Dec 18th, 1928, and that death occurred, on the date stated above, at 2.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchial Pneumonia
10 yr
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Measles
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H V Cordrey, M. D
12/18, 1928 (Address) 805 Elmwood

*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: Windsor Mo
DATE OF BURIAL: 12-19-1928

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: K.C. 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.