

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

Do not use this space.

7639

1. PLACE OF DEATH

County Putnam
Township Elm
City Elm (No.)

Registration District No. 719
Primary Registration District No. 58.5A

File No. 9
Registered No. 47
St. Ward

2. FULL NAME

Bessie Bradshaw

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-15-1929

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

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) MO
(STATE OR COUNTRY)

10. NAME OF FATHER Lloyd E. Bradshaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Ruggles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Lloyd E. Bradshaw
(Address)

15. FILED Feb 27 1929 Chas. Barnhouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1929

17. I HEREBY CERTIFY That I attended deceased from Feb. 16 1929 to Feb. 16 1929
that I last saw her alive on Feb. 15 1929 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 161A
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Paul Barton M. D.
, 18 (Address) Unionville

*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 Hartford Conn DATE OF BURIAL Feb. 17 1929

20. UNDERTAKER Trusted Son ADDRESS Unionville 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.

MAR 25 1929

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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