

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

Do not use this space.

8678

**1. PLACE OF DEATH**

County 2702 Dayton St  
Township \_\_\_\_\_  
City \_\_\_\_\_ (No. Dayton)

Registration District No. 791  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 2351  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bressatta Embrey Bradley

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Color 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-26-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
24 0 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ark  
(STATE OR COUNTRY)

10. NAME OF FATHER Albert Embrey

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

12. MAIDEN NAME OF MOTHER Georgina Black

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

14. INFORMANT Georgiana Edwards  
(Address) 2702 Dayton St

15. FILED 21 1935 W. C. Wadlow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to Feb 17, 1929, that I last saw her alive on Feb 17, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Robert Pneumonia

108 / 100 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Jas. A. Pawley, M. D.  
, 19 Feb 23 (Address) Wash.

\*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 Greenwood Cem DATE OF BURIAL 2-27 1929

20. UNDERTAKER Pinkie Torrey 3129 Locust ADDRESS

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.

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