

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

Do not use this space

10874  
~~10824~~

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Rau Primary Registration District No. 103?  
City Kansas City No. 4422 Wayne

File No. \_\_\_\_\_  
Registered No. 1381  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mrs. Emma Bradford  
(a) Residence. No. 4422 Wayne St., 15 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 9

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) Dayton  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Wm. Keasel

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Albert F. Bradford  
(Address) 4422 Wayne

15. FILED 3/21, 1929 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1929

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to March 19, 1929, that I last saw her alive on March 18, 1929, and that death occurred, on the date stated above, at 4:15 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Leukemia  
650  
(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) (postoperative atrophy of spleen)  
(duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 8 months ago  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) C. H. Ziehliger, M. D.  
3/20, 1929 (Address) N.C. 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 Memorial Park DATE OF BURIAL March 22, 1929

20. UNDERTAKER A. H. Newcomer's Sons ADDRESS R. C. Mo.

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

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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11. 11. 1941. 10.30  
12. 11. 1941. 10.30

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