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

Do not use this space.

11936

1. PLACE OF DEATH
County Putnam — Registration District No. 722
Township Benton — Primary Registration District No. 5953
File No. — Registered No. 3
City ... (No. ..., ... St. ... Ward)

2. FULL NAME Wilkins J. Bradley

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Polly Jane Bradley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Van Buren
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Thomas B Bradley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Clara B Sanders
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky

14. INFORMANT Linda Bradley
(Address) Unionville Mo

15. FILED Mar 9 1929 W M Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1929, to Mar 3, 1929, that I last saw h. l. m. alive on Mar 5, 1929, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis, acute
Gangrenous
(duration) ... yrs. ... mos. 5 ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) ... yrs. ... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) J P Morton, M. D
, 19 (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 Bradley Cemetery — DATE OF BURIAL 3/5 1929
20. UNDERTAKER Comstock Merc Co — ADDRESS Unionville

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