

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

Do not use this space.

41440

**PLACE OF DEATH**

County MISSISSIPPI  
Township TYWAPPITY  
City CHARLESTON

Registration District No. 566  
Primary Registration District No. 5762

File No. \_\_\_\_\_  
Registered No. 116  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Caroline Bradford  
(a) Residence. No. RFD #2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>2</u>	4. COLOR OR RACE <u>Bl</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pat Bradford</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 2 1841</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>10</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>		
10. NAME OF FATHER <u>Berry Bruner</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		

**MEDICAL CERTIFICATE OF DEATH** 11 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-5 1929

17. Did not have Physician  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Haemorrhage  
apoplexy 131  
8VA  
(duration) 3 yrs. mos. da.

CONTRIBUTORY Chronic nephritis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
1290  
IF NOT AT PLACE OF DEATH...  
DID AN OPERATION PRECEDE DEATH... DATE OF...  
WAS THERE AN AUTOPSY...  
WHAT TEST CONFIRMED DIAGNOSIS...  
(Signed) Frank S. Vernon, M. D.  
, 19 (Address) Charleston Mo Corner

14. INFORMANT X Minimal Black  
(Address) X Charleston, Mo RFD #2

15. FILED Dec 6 1929 REGISTRAR F S Vernon

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dale Grove Cemetery DATE OF BURIAL 12-8 1929

20. UNDERTAKEER Lair Ind. Co. ADDRESS Charleston, 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. PHYSICIAN'S 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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21 1930

Dr. Vernon

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