33 2-25 [illegible]
53 3-11
76-11-14

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

Do not use this space.

6001

1. PLACE OF DEATH

County Pike — Registration District No. 689 — File No.

Township — Primary Registration District No. 3033 — Registered No. 1

City Louisiana (No. 1201 Ohio St. 3 Ward)

2. FULL NAME Harriet Thomas Bradfield

(a) Residence. No. 1201 Ohio St. 3 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-11-53

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(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): Farmersville Mo

PARENTS

10. NAME OF FATHER: Jerry Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Alsey Shellhorse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Sam Bradfield
(Address) Louisiana Mo

15. FILED 2/25, 1930 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-25 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1930, to 2-25, 1930 that I last saw her alive on 2-25, 1930, and that death occurred, on the date stated above, at 9 25 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
11 A
109 A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Flu

(duration) yrs. mos. 8 ds.

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) C P Lew
2/25, 1930 (Address) Lou

*State the DISEASE CAUSING DEATH
(1) MEANS AND NATURE OF INJURY,
HOMICIDAL.

19. PLACE OF BURIAL, CREMATIO
Riverview Tou

20. UNDERTAKER
F C Haley