

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

Do not use this space.

11578

1. PLACE OF DEATH

County Wagoner
Township Wagoner
City Wagoner

Registration District No. 21
Primary Registration District No. 4012

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rozella Ann Bradley

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OF RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the words)

Widow

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

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

May 20 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

60

10

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Atchison Co. Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Thomas Stanford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Montgomery Co. Mo

12. MAIDEN NAME OF MOTHER

Margaret Patton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Nebraska

14. INFORMANT

(Address)

Geo Bradley
Watson Mo

15. FILED

NO. _____

DATE 5-1-30

J. A. Gray

REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12 1930

17. HEREBY CERTIFY That I attended deceased from Mar 23, 1930, to Apr 12, 1930 that I last saw her alive on Apr 11, 1930, and that death occurred, on the date stated above, at 5 A .m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11B
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Lowered Vitality
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. P. Warranaker, M. D.

DATE Apr 13, 1930 (Address) Hamburg Pa.

*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

DATE OF BURIAL

Hamburg Community Apr 14 1930
20. UNDERTAKER B. E. Burton Rock Port

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

MAY 22 1930

