

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

Do not use this space.

19712

399

1. PLACE OF DEATH

County Jackson Registration District No. 1000
 Township Kanawha Primary Registration District No. 1000
 City Kansas City (No. K.C. General Hosp.) St. Mo. Ward 14

File No. 271A
 Registered No. 271A

2. FULL NAME

Ida Bradley
 (a) Residence. No. 3407 E 31st St. 14 Ward. 14
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 24 - 1901</u>				
7. AGE	YEARS <u>29</u>	MONTHS <u>4</u>	DAYS <u>6</u>	IF LESS than 1 day,hrs. ormin.
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) Mo.
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Tilman Culp</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Ida Freeman</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Reverend Clerk
 (Address) K.C. General Hosp.

15. FILED 7/1 19 30 M. M. Crowe
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-29 1930 to 6-30 1930 that I last saw her alive on 6-30 1930 and that death occurred, on the date stated above, at 12:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis acute general
145A
29
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Pulmic abscess of
Pulmonary origin (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
145A DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Plen. find.
 (Signed) P. E. Williams M. D.
6-30 1930 (Address) Gen Hosp K.C.

*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 Chimwood Cem DATE OF BURIAL July 2 1930

20. UNDERTAKER Wozex Henderson ADDRESS 15 Jackson

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.

WRITE PLAINLY, WITH UNBOLDING INK—THIS IS A PERMANENT RECORD

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