

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

Do not use this space.

245

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township Kaw Primary Registration District No. 3
 City Kansas City (No. 5227 Woodland St. 15 Ward)

File No. 78
 Registered No. 78
 St. 15 Ward

2. FULL NAME Mathew Bernard Bradac

(a) Residence. No. 5227 Woodland St. 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 2 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Traffic Manager
 (b) General nature of industry, business, or establishment in which employed (or employer) Dyer Hay Co. 15th
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Anthony Bradac
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Ella Ahern
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY)

14. INFORMANT Miss Katherine Bradac
 (Address) 5227 Woodland

15. FILED Jan 7 1931 m.m. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1931 1931
 17. I HEREBY CERTIFY, That I attended deceased from March 1930, to Jan. 5 1931, that I last saw h. MA alive on Jan 5 1931, and that death occurred, on the date stated above, at 9:24 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't Know
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) J. J. Davis M. D.

Jan 6 1931 (Address) 907 Waldheim Bld

*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 St. Marys' Cemetery DATE OF BURIAL 1/8/31 1931

20. UNDERTAKER Quirk & Tooin--20 west Linwood ADDRESS

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

