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

Do not use this space.

12829

1. PLACE OF DEATH

County: Scotland — Registration District No. 810 — File No.

Township: West — Primary Registration District No. 6057 — Registered No. 13

City: (No. ..... St. ..... Ward)

2. FULL NAME: Matilda J. Bradley

(a) Residence. No. ..... St., ... 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.

APR 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert M. Bradley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/13/1860

7. AGE: 71 YEARS — MONTHS: 1 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Scotland County, Mo.

PARENTS

10. NAME OF FATHER: J. D. Chandler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Elizabeth Stice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland County Mo.

14. INFORMANT: Mrs. H. L. Arnold
(Address): Memphis Mo

15. FILED: 3-26-1931 C. C. Garrison, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1930, to Mar 9, 1931, that I last saw her alive on Mar 9, 1931, and that death occurred, on the date stated above, at 10.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

127B acute nephritis

127

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Gall bladder disease (duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) A E Platter, M. D

3/26, 1931 (Address) Memphis Mo

*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: Bible grave cemetery — DATE OF BURIAL: 3/12/1931

20. UNDERTAKER: W. Payne & Sons — ADDRESS: Memphis