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.

MAR 21 1932

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

Do not use this space.

3634

File No.
Registered No. 2

1. PLACE OF DEATH

2

County: Andrew
Township: Jackson
City: (No. , St. Ward)

Registration District No. 11
Primary Registration District No. 5013

2. FULL NAME: Jasper E. Bradford

(a) Residence: No. St., Ward.
(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: Male
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: Sadie Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 21-1842

7. AGE: Years 89 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co Mo.

FATHER

13. NAME: James Bradford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Hezzitha Griffith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Clyde Bradford Fillmore Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fillmore DATE: 2-16, 1932

19. UNDERTAKER (ADDRESS): C. W. Cole Fillmore Mo.

20. FILED: 2-15, 1932 C. W. Cole Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1930 to Feb-13, 1932

I last saw him alive on Feb-13, 1932. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Congestive	
9 mo	
113	

Other contributory causes of importance: Emphysema of Lungs

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. L. Holliday, M. D.
(Address) Freeman Mo