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.

APR 23 1932

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

Do not use this space. 7248

1. PLACE OF DEATH
3 County Atchison
Township ~~Clark~~ Dale
City ..... (No. ..... St. ..... Ward)

Registration District No. 17
Primary Registration District No. 5022

File No. .....
Registered No. .....

2. FULL NAME John Andrew Bradfield

(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 43 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF ~~(OR) WIFE OF~~ Mrs Calla (De Silva) Bradfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25-1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	11	22	

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) Somerset Co. Penn

FATHER

13. NAME N. N. Bradfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling, W. Va

MOTHER

15. MAIDEN NAME Matilda Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Penn.

17. INFORMANT (ADDRESS) J. L. Bradfield Fairfax, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge Cemetery DATE 3/20 1932

19. UNDERTAKER (ADDRESS) H H Schooler Fairfax Mo.

20. FILED 3-20 1932 Seth B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to March 17, 1932. I last saw him alive on March 17, 1932. Death is said to have occurred on the date stated above, at 6.45 P.M.

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

	Date of onset
Chronic Valvular Heart Disease	1929

92A

Other contributory causes of importance: 92A

Name of operation — Date of —
What test confirmed diagnosis? — 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) Owen Hunter, M. D.
(Address) Fairfax Mo