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.

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

Do not use this space.

8569

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo No. 5813 Elmwood St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 1151
Registered No.

2. FULL NAME Jannita Bradley
(a) Residence, No. 5813 Elmwood 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 Fe
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) 10-20-25
7. AGE YEARS 6 MONTHS 47 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Missouri

FATHER
13. NAME Roy M Bradley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Elston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Roy M Bradley 5813 Elmwood KC Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 2/22 1932
19. UNDERTAKER (ADDRESS) D W New Comers Sons 2111 E 9th Street KC Mo
20. FILED 3/20 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 16th, 1932, to Mch 20, 1932
I last saw her alive on Mch 19, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	3-13-32
10	
95B 10	
Other contributory causes of importance:	
Acute Carditis	3-17-32

Name of operation none 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) Allen L. Hearst M. D.
(Address) 1100 Professional Bldg

Dr. Allen Hearst
421 W. 5th Dem
at 1 to 2 P.M.