

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

Do not use this space.

18059

1. PLACE OF DEATH

County Registration District No. 988
 Township Primary Registration District No. 222
 City St. Louis No. City Hospital #2 St. Ward)

File No.
 Registered No. 5031
 St. Ward)

2. FULL NAME

Olle Bradshaw
 (a) Residence, No. 2215 Morgan St. 21 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-5-1897
 7. AGE YEARS 60 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
 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
 13. NAME Henry Webster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Alfreda Cleath (ADDRESS) City Hospital #2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Father DuBois DATE 5/27, 1932
 19. UNDERTAKER Ellis Funeral Home (ADDRESS) 2224 St. Louis
 20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1932, to 5-22, 1932
 I last saw him alive on 5-22, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Other contributory causes of importance:
1930
1930
1930

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy?

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?
 If so, specify
 (Signed) C. Smith, M. D.
 (Address) CITY HOSP. NO. 2

WHITE PRINT 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.

