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

Do not use this space.

19302

Jul 23 1932

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.

1. PLACE OF DEATH

42 County Henry — Registration District No. 347

4 Township ~~Clinton~~ — Primary Registration District No. 3018

7 City Clinton (No. ..... St. ..... Ward)

File No. .....

Registered No. 5-2

2. FULL NAME Evelyn Bradford

(a) Residence, No. 112 N. 4th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Caucasian	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Tipton Winford Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-29-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dependent

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): Morgan County Missouri

FATHER

13. NAME: John Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan County Missouri

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Mrs. E. R. Wilson Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Greenridge, Mo. DATE: 6-14-1932, 19

19. UNDERTAKER (ADDRESS): W. H. Sims Clinton, Missouri

20. FILED 6/13, 1932 Ed. C. Peelor Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 13, 1932

I last saw h.... alive on June 12, 1932 Death is said to have occurred on the date stated above, at 10 A m.

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

	Date of onset
Intestitial Nephritis Chr Duet Mens	
131 131	
Other contributory causes of importance:	
(1)	

Name of operation ..... 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) Ed. C. Peelor, M. D.

(Address) Clinton Mo