

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

Do not use this space.

28906

1. PLACE OF DEATH

35 County Linn Registration District No. 286
Township Walcomb Primary Registration District No. 5404
City _____ No. _____ St. _____ Ward _____

2. FULL NAME

Jessie J Bradshaw
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable L. Champ
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 2 3

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) Mo

FATHER 13. NAME J. W. Bradshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

MOTHER 15. MAIDEN NAME Laura Knox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT J. W. Bradshaw
(ADDRESS) Walcomb

18. BURIAL, CREMATION, OR REMOVAL PLACE Loyal DATE _____ 19 _____

19. UNDERTAKER J. A. Anderson
(ADDRESS) Walcomb Mo

20. FILED 9-4 1932 J. A. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4 1932
22. I HEREBY CERTIFY, That I attended deceased from 9/3 1932 to 9/4 1932
I last saw him alive on 9/4 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Malaria
38 1
Other contributory causes of importance: _____
Date of onset 9/32

Name of operation none Date of _____
What test confirmed diagnosis? none 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) J. T. Smith M. D.
(Address) Walcomb Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

