

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.

NOV 28 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33249

1. PLACE OF DEATH

85 County Pulaski
 Township Waverly
 City Waverly (No.)

Registration District No. 714
 Primary Registration District No. 5943

File No.
 Registered No. 14 St. Ward

2. FULL NAME

James Andrew Bradford
 (a) Residence, No. St. Ward
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Bradford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22, 1848</u>		
7. AGE YEARS <u>84</u> MONTHS <u>3</u> DAYS <u>25</u> If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farming</u>		
10. Date deceased last worked at this occupation (month and year) <u>Life</u>		
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski Co., Ind.</u>		
13. NAME <u>Kealy Bradford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT (ADDRESS) <u>J. H. Bradford, 2001 Broadway, St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Creek, Mo.</u> DATE <u>Dec. 18, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Christensen, Waverly, Mo.</u>		
20. FILED <u>11-9-32</u> <u>S. G. Robner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Sept. 4th, 1931 to Jan. 1, 1932
 I last saw him alive on Sept. 18, 1931. Death is said to have occurred on the date stated above, at 6:10 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
84A
82A
 Other contributory causes of importance:
0
1

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? no Date of injury , 19
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify 0
 (Signed) C. M. Maltbie, M. D.
 (Address) Cracker Mo.

