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.

NOV 28 1932

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

Do not use this space.
33261

1. PLACE OF DEATH
86 County: Putnam — Registration District No.: 719 — File No.: 1
Township: Elm — Primary Registration District No.: 5950 — Registered No.: 19
City: (No. St. Ward)

2. FULL NAME: Archelaus Bradshaw

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah E. Bradshaw
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 24 1872
7. AGE: YEARS 57 — MONTHS 8 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer. 1
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 COUNTY): Putnam Co. Missouri

FATHER
13. NAME: William J. Bradshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Penn.

MOTHER
15. MAIDEN NAME: Martha Ann Mavis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Penn.

17. INFORMANT (ADDRESS): Loyd L. Bradshaw Unionville Mo RFD 8
18. BURIAL, CREMATION, OR REMOVAL: PLACE Hartford Cem. DATE Oct 28 1932
19. UNDERTAKER (ADDRESS): F. O. Hurstel & Son Unionville Mo
20. FILED Oct 31 1932 Durwood Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 1931, to Oct. 26. 1932
I last saw h. alive on Oct. 26. 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal.	1930
131	
930	
950	

Other contributory causes of importance:
Chr. Myocarditis Chr. Nephritis
Asthma - cardiac

Name of operation: Date of:
What test confirmed diagnosis? 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) J. M. Bark, M. D.
(Address) Unionville