

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

Do not use this space.
#2
38105 B

MAY 24 1937

1. PLACE OF DEATH

County Texas Registration District No. 1-1-1-1
 Township Patrol Primary Registration District No. 1-1-1-1
 City Clear Springs (No.) St. Ward)

2. FULL NAME Hannah Delitha Bradford

(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 Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9, 1927

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>3</u>	<u>3</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clear Springs
 (STATE OR COUNTRY) Texas Co Mo

10. NAME OF FATHER Richmond Bradford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clear Spgs
 (STATE OR COUNTRY) Texas Co, Mo

12. MAIDEN NAME OF MOTHER Mary Pruett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clear Spgs
 (STATE OR COUNTRY) Texas Co Mo

14. INFORMANT Mrs. Eathel W Houston
 (Address) Stairt Willow Springs Mo

15. FILED March 19 1937
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1932

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tonsillitis
115A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes

WAS THERE AN AUTOPSY? 8

WHAT TEST CONFIRMED DIAGNOSIS? 8
 (Signed)....., M. D.
 , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clear Springs, Mo **DATE OF BURIAL** Nov 13 1937

20. UNDERTAKER Etta Baker **ADDRESS** Clear Spgs, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

