

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.

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

Do not use this space.

39718

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1003
 City Kansas City (No. Trinity, Lutheran Hospital)

File No. _____
 Registered No. 4724 St. _____ Ward _____

2. FULL NAME Elwood S. Bradbury

(a) Residence, No. 3800 Flora Ave. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 30 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>Mrs. Mary Bradbury</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3 1863</u>				
7. AGE YEARS <u>69</u>	MONTHS <u>11</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>279</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>William H. Bradbury</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Mary Brown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Mary Bradbury 3800 Flora Ave. K. C. Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Topeka, Kans.</u> DATE <u>12-15-32</u>	
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary Kansas City, Missouri</u>	
20. FILED <u>12-14-32</u> <u>M. M. Crowe</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 12, 1932
 I last saw him alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 9:45 am.
 The principal cause of death and related causes of importance were as follows:
Strangulated inguinal hernia Date of onset 12-9-32
122A
93C
122A
 Other contributory causes of importance:
Acute haemorrhagic splinitis
+ chronic myocarditis ①

Name of operation Herniotomy Date of 12-9-32
 What test confirmed diagnosis? operation Was there an autopsy? yes

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) Otho H. Hofmann, M. D.
 (Address) 806 Risks Bldg.

