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

Do not use this space.

40970

1. PLACE OF DEATH
County Pemiscot — Registration District No. 653 — File No.
Township Concord — Primary Registration District No. 5865 — Registered No. 140
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Raymond Lee Bradsher
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1937
7. AGE — YEARS — MONTHS 8 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Hayti, Mo. 1

FATHER
13. NAME Monroe Calvin Bradsher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marmaduke, Ark. 2

MOTHER
15. MAIDEN NAME Cora Lee Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hame, Mo. 1

17. INFORMANT (ADDRESS) M. C. Bradsher Hayti, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ingram Cem. DATE 12-25-1932
19. UNDERTAKER (ADDRESS) Harvy Massey. Hayti, Mo.
20. FILED 12-24-1932 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932, to Dec. 24, 1932
I last saw ~~him~~ alive on Dec. 22, 1932 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco-Pneumonia	12/20/32
Other contributory causes of importance: Pertussus	12-1-32

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? no
If so, specify .....
(Signed) J. W. Johnson, M. D.
(Address) Hayti, Mo.

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.

V. S. NO. 2. MARGIN RESERVED FOR BINDING

AUG 27 1933