

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

Do not use this space.

**1. PLACE OF DEATH**

14 County Galloway Registration District No. 103-113  
 Township St. Aubert Primary Registration District No. 5140  
 City (No. ....) St. .... Ward)

File No. 471-A  
 Registered No. 12

**2. FULL NAME**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
about 70

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work single jiffing  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Galloway Co.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Ed Thompson  
 (Address) R # 9 Fulton

15. FILED 1-30, 1933 W.H. Williamson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1933

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to Jan 27, 1933  
 that I last saw him alive on Jan 26, 1933 and that death occurred, on the date stated above, at 5 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
 (duration) two hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis with Hypertension  
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. O. Payne, M. D.

, 19 (Address) R # 90 Fulton

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burdett Cemetery DATE OF BURIAL 1/30 1933

20. UNDERTAKER Hendon Taylor ADDRESS Fulton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

