

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

Do not use this space.

16992

1. PLACE OF DEATH

53 County Tachele Registration District No. 453
Township Gasconade Primary Registration District No. 5619
City (No.) St. Ward (No.)

File No.
Registered No. 3

2. FULL NAME

Quinton Bradford
(a) Residence, No. Neb., Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca Brock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 27, 1850</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>14</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>Farmer</u>	
	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) <u>May 1933</u>	
	11. Total time (years) spent in this occupation <u>70</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neb., Mo.</u>		
FATHER	13. NAME <u>John Bradford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Bates</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S. A.</u>	
17. INFORMANT <u>G. W. Bradford</u> (ADDRESS) <u>Neb., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel</u> DATE <u>5-12-</u> 19 <u>33</u>		
19. UNDERTAKER <u>M. L. Allan</u> (ADDRESS) <u>Neb., Mo.</u>		
20. FILED <u>May 11, 1933</u> <u>E. R. Nelson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 11, 1933
I last saw him alive on May 10, 1933. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
Influenza
Valvular lesion of heart
Date of onset May 7, 1933

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

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) H. A. Hamilton M. D.
(Address) Seaborn, 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.

JUN 23 1933

MARGIN RESERVED FOR BINDING

