

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

Do not use this space.

1. PLACE OF DEATH
 92 County St. Charles Registration District No. 756
 Township Portage Des Sioux Primary Registration District No. 5997
 City _____ (No. _____, _____ St. _____ Ward _____)

File No. **20818**

2. FULL NAME Robert Bruce Bradshaw
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mandy Hawk
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1842
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) St Charles Mo
 13. NAME No History
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History
 15. MAIDEN NAME No History
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History
 17. INFORMANT Paris Bradshaw (ADDRESS) West altar, mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Charles Mo DATE June 12 1933
 19. UNDERTAKER W. J. Allen & Sons Co (ADDRESS) St Charles Mo
 20. FILED June 12 1933 C. A. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1932, to June 8th 1933
 I last saw him alive on June 6 1933. Death is said to have occurred on the date stated above, at 2.30 p. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, advanced Date of onset _____
of many years duration
1135
11 B
 Other contributory causes of importance: Influenza (Nov 1932)

Name of operation none Date of _____
 What test confirmed diagnosis? Cluesel Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) C. A. Barnard, M. D.
 (Address) Portage Des Sioux 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.

653
 JUN 22 1933

