

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

Do not use this space.

379

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
 Township ..... Primary Registration District No. 3008  
 City Fulton (No. State Hosp. 7101) St. .... Ward)

**2. FULL NAME** Srepha 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 <u>F</u>	4. COLOR OR RACE <u>Negro</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>Dennis Bradley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1887</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>9</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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)		11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1934  
 22. I HEREBY CERTIFY That I attended deceased from Jan 3 1934 to Jan 22 1934  
 I last saw her alive on Jan 22 1934. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatous, secondary to Carcinoma of left breast, which was removed by operation 5 or 6 yrs ago.

Other contributory causes of importance: None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? X 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 .....

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) Ralph Hughes , M. D.  
 (Address) Fulton Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County</u>
	13. NAME <u>Richard Logan</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Hester Reno</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT (ADDRESS) <u>Hospital Records</u>
18. BURIAL, CREMATION, OR REMOVAL <u>no</u> PLACE <u>Pleasant Hill</u> DATE <u>Jan 23</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>Hughes Funeral Home, Fulton Mo.</u>	
20. FILED <u>Jan 22</u> 19 <u>34</u> <u>R. N. Chera</u> Registrar	

WRITING 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.

