

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

Do not use this space.

790

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Amphipol Precinct Registration District No. 2001

(City) Del Rio (No. 100) (Ward) 1

File No. _____

Registered No. 20

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 (Indicate the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day or min. 3 8 29

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Shelf

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) Del Rio, Texas

13. NAME Ernest Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del Rio, Texas

15. MAIDEN NAME Clare

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del Rio, Texas

17. INFORMANT (ADDRESS) Ernest Bradley

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Del Rio, Texas Jan 8 3

19. UNDERTAKER (ADDRESS) Ernest Bradley

20. FILED 1-8, 1934 Ralph Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 30, 1933, to 1-8, 1934

I last saw him alive on 1-8, 1934. Death is said

to have occurred on the date stated above, at 2 p. m.

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

Meningitis - acute type
fracture of skull & brain laceration
on 11-30-33

Other contributory causes of importance: _____

Name of operation Elevation of fragments
What test confirmed diagnosis? Plain X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/30, 1933

Where did injury occur? Near Neangus, Mo.

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto mobile accident

Nature of injury Depressed skull fracture with laceration of brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) R. A. [Signature] M. D.

(Address) Med. Dept. [Address]

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.

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