

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

Do not use this space.

PLACE OF DEATH

County Saline

Registration District No. 796

File No. 3548

Township

Primary Registration District No. 3038

Registered No. #91

City Marshall

(No. 263)

So Jefferson

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Madison T. 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 Hattie T. Bradshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1847

7. AGE YEARS 87 MONTHS 0 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Grocer

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) Harrodsburg, Ky. (STATE OR COUNTRY)

13. NAME Frederick Bradshaw

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

15. MAIDEN NAME Bally Gurd

16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

17. INFORMANT H. M. Bradshaw (ADDRESS) Arrow Rock, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Stephens Church, Arrow Rock, Mo. DATE Jan. 5, 1934

19. UNDERTAKER Wandiver Mortuary (ADDRESS) Marshall, Mo.

20. FILED 11-5-33 1933 Missouri Registrar

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1934

22. I HEREBY CERTIFY That I attended deceased from May 1, 1933 to Jan. 3, 1934

I last saw him alive on Jan. 3, 1934 Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Arterio Sclerosis

Other contributory causes of importance:

97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (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? No

If so, specify \_\_\_\_\_

(Signed) B. L. Bradshaw, M. D.

(Address) Arrow Rock, 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.

SEP 27 1934

