

MAR 24 1934

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

Do not use this space.

5442

## 1. PLACE OF DEATH

County Jackson  
Township Jackson  
City Brigantia City (No. ....)

Registration District No. 421  
Primary Registration District No. 5576

File No. ....  
Registered No. 24  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....  
(Usual place of abode)

St. .... Ward.

(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

7

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

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

Hubert Bradley

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

Feb 13 1853

7. AGE

YEARS  
80MONTHS  
4DAYS  
7

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

House wife

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)

Hopewell Ind.

FATHER

13. NAME

Martin Turpin

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

Ind.

MOTHER

15. MAIDEN NAME

Pauline Mesier

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

Ind.

17. INFORMANT (ADDRESS)

Mrs. J. E. Bauer Brigantia City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Worshipful DATE Feb 22 1934

19. UNDERTAKER (ADDRESS)

W. B. Bannard Brigantia City Mo

20. FILED

2/21 1934 J. E. Rutledge Registrar

## MEDICAL CERTIFICATE OF DEATH

(7)

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

Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from

February 13, 1934, to February 20, 1934I last saw her alive on February 20, 1934 Death is saidto have occurred on the date stated above, at 2:00 p.m.

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

Pneumonia lobar

Date of onset

2/12/34

Other contributory causes of importance:

myocarditis Chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 .....

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) Amey Gasket, M. D.(Address) Gastus Mo

