MAR 24 1934

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

Do not use this space.

6360

1. PLACE OF DEATH
County St Louis Co
Township Central
City Overland (No. ..... St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033-C

File No. .....
Registered No. 40

2. FULL NAME John E Bradbury
(a) Residence, No. 9431 Roslan Ave 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. 5 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 Susie C Bradbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1848

7. AGE YEARS 86 MONTHS 1 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) 900
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh N. Car.

FATHER
13. NAME William T Bradbury
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown N. Car.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT Geo H Bradbury
(ADDRESS) 2044 Lafayette St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Ill DATE Feb 18 1934

19. UNDERTAKER Baumann Bros Inc
(ADDRESS) 2504 Woodson Rd. Overland Mo

20. FILED 2-16- 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Death, 1934
I last saw him alive on Feb 15, 1934 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Senility
General debility

Date of onset: Feb 1934

Other contributory causes of importance: Bowel obstruction

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No
If so, specify
(Signed) Paul R. Whitener, M. D.
(Address) 2573 Woodson Overland Mo.

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.

Riverside Cemetery

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County St. Louis
Township
City Overland (No. ....., ...)

Registration District No. 789
Primary Registration District No. 6.0.33-C

2. FULL NAME Bradbury

(a) Residence, No. ..... St., ... Ward. ..... (If non
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of for

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w	w

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS)

20. FILED 5-9 1934 Ida Boehmer
Registrar.

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12
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If so, specify
(Signed) Paul R Winter
(Address) 2573 2573 W

SUPPLEMENTARY