

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

Do not use this space.

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**1. PLACE OF DEATH**

County DeKalb Registration District No. 239  
Township Camden Primary Registration District No. 5359B  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** William Richard Bradford

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 5th 1885</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Co. Patient</u>		11. Total time (years) spent in this occupation
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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co. Mo.

13. NAME Henry Jacob Bradford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co.,

15. MAIDEN NAME Charity Tartar

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

17. INFORMANT Luther Bradford  
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL  
Christian Chapel Cem DATE 3/16-34

19. UNDERTAKER H. G. Pilcher  
(ADDRESS) Maysville Mo

20. FILED 3/15-34 19 Wattie Gibson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1934  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1933 to March 14 1934  
I last saw him alive on March 14 1934 Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

acute pyelitis with pyuria  
hemiplegia  
Other contributory causes of importance: 30

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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.

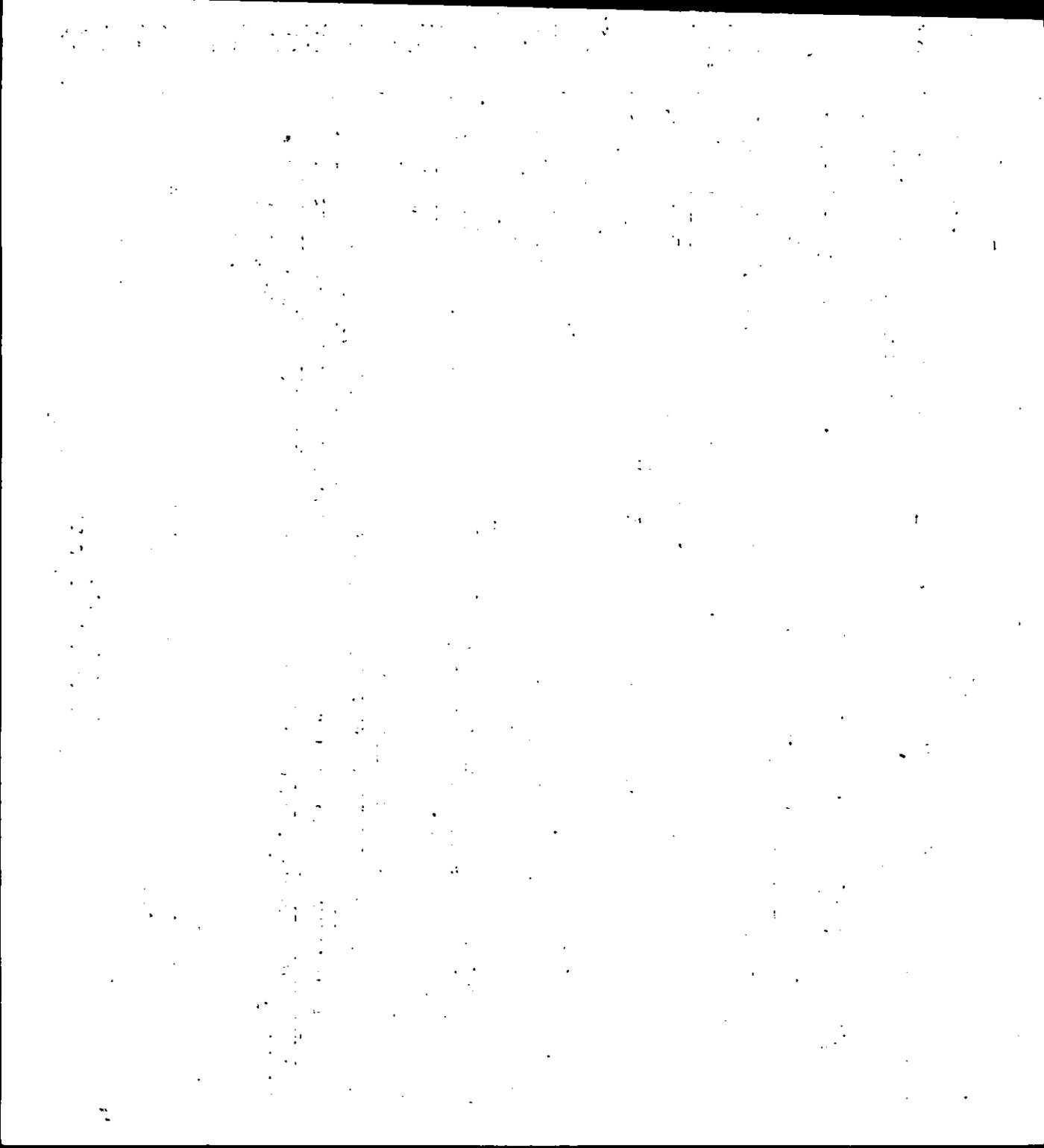
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Reynolds, Jr.  
(Address) Maysville 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.

*Reports*

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*De Walt*

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: William Richard Bradford  
Who died at \_\_\_\_\_ on Mar 14-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race w Single, married, widowed or divorced: s

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year 82

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: acute nephritis - unknown  
the paraplegia was caused from acute hemorrhage

Other contributory causes of importance hemiplegia

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

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

Name of physician Dr. H. O. Reynolds D. H.

Address of physician \_\_\_\_\_

Signature of Registrar Mrs. Hattie Gibson Date filed 3-15-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 259

Very truly yours,

Primary Reg. Dist. No. 2-359B

*E. T. McLaugh*

Special Agent.

