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

Do not use this space.

SEP 20 1934

File No. 29410

1. PLACE OF DEATH
County: Jackson — Registration District No.: 6 3 3
Township: — Primary Registration District No.: 1 3 7
City: K. C. Mo. (No.: General Hosp. #2 St.: 3rd Ward)
Registered No.: 6 3 3 1 6

2. FULL NAME: Courtney C. Bradshaw
(a) Residence, No.: 7210 E. 15th 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: Years 66 | 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.: Unemployed
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): Ky.

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

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

17. INFORMANT (ADDRESS): Record Clerk General Hosp. #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge Cem. DATE: Aug 15 1934
19. UNDERTAKER (ADDRESS): J. H. Tucker E. Mo
20. FILED: 8/15 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1934 to 8-6 1934
I last saw him alive on 8-6 1934. Death is said to have occurred on the date stated above, at 6:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Edema	8
[illegible]	

Other contributory causes of importance: Hypertensive Heart Disease (Arteriosclerotic Type)

Name of operation: Date of:
What test confirmed diagnosis? 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): S. O. Spears M. D.
(Address): General Hosp. #2

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.

Watson
/27/34