

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

Do not use this space.

DEC 17 1934

1. PLACE OF DEATH
 County Atchison Registration District No. 17
 Township Clark Primary Registration District No. 5021
 City (No. St. Ward)

2. FULL NAME Mrs. Calla Esther Bradfield
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 38400

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Bradfield</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 12 - 1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
10. Date deceased last worked at this occupation (month and year) <u>Oct 1834</u>		11. Total time (years) spent in this occupation <u>60 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lodgeville, Wis.</u>		
FATHER	13. NAME <u>Canfield Asher DeSilva</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT (ADDRESS) <u>Frank L. Bradfield, Fairfax, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Ridge</u> DATE <u>Nov 28 1934</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Schooler, Fairfax, Mo.</u>		
20. FILED <u>Nov 30 1934</u> <u>Letta B. Blusk</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933, to Nov 26, 1934
 I last saw him alive on Nov 26, 1934. Death is said to have occurred on the date stated above, at 6:45 pm
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1920
auricular fibrillation Nov 1834
Acute Cardiac Decompensation Nov 1834
 Other contributory causes of importance:
Diabetes Mellitus 1927
General Arteriosclerosis 1920

Name of operation none Date of
 What test confirmed diagnosis? urinalysis 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 None
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Martin A. Mulvanick, M. D.
 (Address) Fairfax, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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