

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.

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

Do not use this space.

JAN 14 1935

42042

1. PLACE OF BIRTH

County Buchanan Registration District No.
Township Primary Registration District No.
City St. Joseph, Mo. (No. 413 East Franklin St

File No.
Registered No. 1378
St. Ward)

2. FULL NAME

Helen Eliza Jane Bradley

(a) Residence, No. 413 East Franklin 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 Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31st 1887		
7. AGE	YEARS 47	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. Housewife	
	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) St. Joseph Mo		
FATHER	13. NAME Jessie Henderson	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo	
MOTHER	15. MAIDEN NAME Winnie Smith	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo	
17. INFANT (ADDRESS) James A. Bradley 413 East Franklin St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem DATE 12-18-34		
19. UNDERTAKER (ADDRESS) B.F. Graves Funeral home 806 South 17th St, St. Joseph Mo		
20. FILED 12-18-1934 John A. Bradley Registrar		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Dec 12 1934
I last saw her alive on Dec 13 1934. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset
Nephritis Chron. Jan 1934
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Other contributory causes of importance:
Gen Oedema Apr 1934

Name of operation none Date of

What test confirmed diagnosis? Clin 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

Signature: *Frank W. DeGaris*, M. D.
(Address) *Sen. Palmer Bldg.*

