

APR 29 1935

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary

County.....

Registration District No. **791****1003**

Township.....

Primary Registration District No. ....

City St. Louis, Mo.(No. 1536)Papin

File No. ....

11404

Registered No. **3110**

St. .... Ward)

2. FULL NAME James Cassius Bradley(a) Residence, No. 1453 WebsterSt. 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                    |   |
|-----------------------|------------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
|-----------------------|------------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bradley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1873

|        |           |          |           |                                  |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. or min. |
|        | <u>61</u> | <u>5</u> | <u>11</u> |                                  |

|            |   |  |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... | 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) Tennessee13. NAME Morris Bradley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ??15. MAIDEN NAME Patsy Huddleson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ??17. INFORMANT Anna Bradley - wife  
(ADDRESS) 1453 Webster

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Diskin DATE 4-3-193519. UNDERTAKER Breeds Randle (1464)  
(ADDRESS) 920 N. Leonard20. FILED -4 1935, 19 7 Brebeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 193522. I HEREBY CERTIFY, That I attended deceased from January 3, 1935, to March 31, 1935I last saw him alive on March 31, 1935. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onsetOther contributory causes of importance: 51Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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? N.O.

If so, specify.....

(Signed) James E. Jackson, M. D.(Address) 1536 - Papin St.

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

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.

1000M-11-2-33

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Dr. Wachman