

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.

JUL 1 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11594-1

1. PLACE OF DEATH

County Shannon
Township Spring Creek
City (No.)

Registration District No. 825
Primary Registration District No. 6044

File No.
Registered No. 5
St. Ward

2. FULL NAME

Mrs Ruth Bradley

(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>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/8/1903</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>31</u> <u>10</u> <u>22</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Birch Tree Mo.</u>

FATHER	13. NAME <u>F. R. Smotherman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reelfoot Bedford Tenn.</u>

MOTHER	15. MAIDEN NAME <u>Clara E. Lane</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oatburg Ark.</u>

17. INFORMANT (ADDRESS) <u>Lula Bradley</u> <u>Monticello Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cornett Cemetery</u> DATE <u>April 1</u> 19 <u>35</u>

19. UNDERTAKER (ADDRESS) <u>L. L. Ledgerwood</u> <u>Birch Tree Mo.</u>
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20. FILED <u>May 10</u> 19 <u>35</u> <u>Mrs Lula Bradley</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934, to March 30 1935
I last saw her alive on March 5 1935 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus with metastases to abdominal organs.

Other contributory causes of importance:

Name of operation Laboratory Date of June 1933
What test confirmed diagnosis? Exam 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 E. C. Bohrer M. D.
(Signed) West Plains, Mo.
(Address)

