

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

Do not use this space.

MAY 21 1935

1. PLACE OF DEATH

County Barton

Registration District No. 40

Township Ramar

Primary Registration District No. # 5058

City..... (No.....)

File No. 11879

Registered No. 16

2. FULL NAME

Roy Bradbury

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Bradbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
36 10 23

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer
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) Barton County Missouri

13. NAME John Bradbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Kate Graham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Roy Bradbury (ADDRESS) Ramar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE April 10 1935

19. UNDERTAKER W. F. Reynolds (ADDRESS) Ramar, Missouri

20. FILED 4/10 1935 A. J. Dyrnatt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 4:20 P. M.

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

Gunshot.

Suicide. Shot self in heart with 12 ga. Shotgun.

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) W. F. Reynolds, M.D.

(Address) Ramar, Missouri

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.

