

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

Do not use this space.

JUN 12 1935

18335

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City *St. Louis* (No. *1436*, *Montgomery* St. Ward)

File No.

Registered No. **4687**

2. FULL NAME *Lillie Bradford*

(a) Residence, No. *1436 Montgomery*, *26* 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 *F* | 4. COLOR OR RACE *W* | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Bradford*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 5, 1888*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 | *1* | *20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home*

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) *Mo.*

13. NAME *Benton Davis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *William C Bradford* (ADDRESS) *1436 Montgomery*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *May 28, 1935*

19. UNDERTAKER *Drehmann Hahral* (ADDRESS) *1905*

20. FILED *27 1935* *JT Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 25, 1935*

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw him alive on, 19

Death is said to have occurred on the date stated above, at *11:35* P.M.

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

*Fatty Degeneration of Heart
Gall stones, Chronic Parenchymatous Nephritis, Fibroid Tumors of Uterus, (Non Malignant)*

Other contributory causes of importance: *131*

Name of operation

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

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) *J. J. Quincey*, M. D.
(Address) *St. Louis, 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.

