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 25 1935

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Butler
City Portageville (No. ..... St. ..... Ward)

Registration District No. 114
Primary Registration District No. 5467

File No. 23936
Registered No. .....

2. FULL NAME Doyl Juan Bradshaw

(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): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1935

7. AGE: YEARS 1 | MONTHS 10 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Portageville Mo

FATHER
13. NAME James Bradshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

MOTHER
15. MAIDEN NAME Alice Gatewood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steel Mo

17. INFORMANT (ADDRESS) James Bradshaw Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 7-8 35

19. UNDERTAKER (ADDRESS) R M Payne Portageville Mo

20. FILED July 13, 1935 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1935, to 7/6, 1935
I last saw him alive on 7/6, 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Malarial fever

Date of onset

Other contributory causes of importance:

38

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) J W Bess M. D.
(Address) Portageville Mo