

SEP 19 1935

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

Do not use this space.

25920

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo.

Registration District No. 198
Primary Registration District No. 3.0.11

File No. _____
Registered No. _____
St. 3rd Ward)

2. FULL NAME BRADLEY, Russell

(a) Residence, No. VAR Excelsior Springs, Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
42 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. textile mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME James Wm. Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas Kentucky

15. MAIDEN NAME Martha Cates

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

17. INFORMANT (ADDRESS) Hospital records, Excelsior Springs, Mo. VAR

18. BURIAL, CREMATION, OR REMOVAL PLACE Piggott, Arkansas DATE 8-30-35

19. UNDERTAKER (ADDRESS) John C. Prather, Undertaker Excelsior Springs, Mo.

20. FILED 8-29-35 1935 Excelsior Springs, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-12-34, 1934, to 8-29-35, 1935

I last saw him alive on 8-29-35, 1935 Death is said

to have occurred on the date stated above, at 9:40 AM

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

Tuberculosis, pul. chr.; Tbc enteritis; tubercular hilus, mesentery glands; Amyloid disease spleen and liver

Date of onset

Other contributory causes of importance:

Name of operation NONE Date of _____
What test confirmed diagnosis? exam. & obs. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury _____, 1935

Where did injury occur? XX (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. XX

Manner of injury XXX

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify As above
(Signed) H. C. HARDEGREE, MD, Clinical Director

(Address) Veterans Administration Facility

Excelsior Springs, 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.

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