WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 21 1935

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

Do not use this space.

32653

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 6407 E 8 St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2227

2. FULL NAME John T. Bradley
(a) Residence, No. 6407 E 8th St. 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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bradley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-6-1859
7. AGE YEARS 76 MONTHS 10 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mary Bradley 6407 E 8th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash DATE Oct 35
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, Avenue
20. FILED 10/7, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935, to Oct 6, 1935
I last saw him alive on Oct 6, 1935, 19.... Death is said to have occurred on the date stated above, at 1155 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	about one year

Other contributory causes of importance:

Name of operation Exp Lab-Research Hospital July 14-35
What test confirmed diagnosis Clinical & Lab 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?
If so, specify
(Signed) C H Allen, M. D.
(Address) Independence, Mo

Independence
Owens - Wyatt by
Ind - 2343
2 : Bill 6