

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.

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

NOV 21 1935

Do not use this space.

32684

1. PLACE OF DEATH

County Jackson Registration District No. 1
 Township Jean Primary Registration District No. 1
 City Kennett (No. 1) Kennett General Hospital St. _____ Ward _____

File No. _____
 Registered No. 2000

2. FULL NAME

(a) Residence, No. 2602 Rockwell 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leonard Young</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-21-1916</u>				
7. AGE	YEARS <u>19</u>	MONTHS <u>5</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Haras Bradley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Lena Simpson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Report to birth</u> (ADDRESS) <u>Kennett General Hospital</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Upton Mo</u> DATE <u>10/10/35</u>				
19. UNDERTAKER <u>Creath & Sutt</u> (ADDRESS) <u>adman Mo</u>				
20. FILED <u>10/9</u> 19 <u>35</u> M. M. <u>Carome</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-18-35 to 10-7-1935
 I last saw him/her alive on 10-7-1935 Death is said to have occurred on the date stated above, 9:30 m.
 The principal cause of death and related causes of importance were as follows:
Subacute yellow atrophy of the liver
 Date of onset _____

Other contributory causes of importance:
MSN

Name of operation _____ Date of _____
 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. H. [Signature], M. D.
 (Address) J. H. [Signature] Ken Mo

