

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.

DEC 16 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35087

1. PLACE OF DEATH

County BarryRegistration District No. 30

File No.

Township

Primary Registration District No. 3003Registered No. 48

City

(No.)

St.

Ward)

2. FULL NAME W. L. Bradley

(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

m

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

Mrs Maggie Bradley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 5, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

63812

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

Labourer

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)

Barry co. Mo

MOTHER, FATHER

13. NAME

Benjamin Franklin Bradley

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

Polaski co. Ky

15. MAIDEN NAME

Susan Jane Tint

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

Polaski co. Ky

17. INFORMANT (ADDRESS)

Walter Bradley Monett Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Barry co. Mo Nov. 19 1935

19. UNDERTAKER (ADDRESS)

Callaway Monett Mo20. FILED 11-19-1935W. M. West

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 18 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1935, to Nov 18, 1935I last saw him alive on Nov 16, 1935 Death is saidto have occurred on the date stated above, at 6 a m.

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

Carcinoma of rectumDate of case: 1934

Other contributory causes of importance:

Name of operation

none

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

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? no

If so, specify

(Signed)

Ernest Mitchell

M. D.

(Address)

Monett Mo

