

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.

MAR 14 1936

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

Do not use this space.

5054

1. PLACE OF DEATH

County Chariton  
Township Marie Hill  
City Marie Hill (No. ....) St. .... Ward)

Registration District No. 173  
Primary Registration District No. 4102

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

2. FULL NAME

John David Bradsher

(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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Lena Bradsher</u>                                 |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Nov-7-1859</u>   |                                  |   |
| 7. AGE<br><u>76</u> YEARS  | MONTHS<br><u>3</u>               | DAYS<br><u>11</u>   |
| If LESS than 1 day, ..... hrs. or ..... min.   |                                  |   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired Farmer</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 .....  |                                  |   |

|  |  |
|--|--|
| OCCUPATION   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Randolph Co. Mo</u> |
|  | 13. NAME<br><u>Lancing Bradsher</u>  |
| FATHER   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>         |
|  | 15. MAIDEN NAME<br><u>Margarette Pierce</u>                                |
| MOTHER   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>         |
|  | 17. INFORMANT<br>(ADDRESS)<br><u>Lena Bradsher<br/>Marie Hill, Mo</u>      |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>St. Henry Mo</u> DATE <u>Feb 19</u> 19 <u>36</u> |  |
| 19. UNDERTAKER (ADDRESS)<br><u>Ed. B. Wanklesmeyer<br/>Salisbury Mo</u>                        |  |
| 20. FILED <u>Feb 19</u> 19 <u>36</u> <u>J. D. Meadam</u> Registrar.                            |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1936

22. I HEREBY CERTIFY that I attended deceased from Feb 13 1936 to Feb 18 1936  
I last saw him alive on Feb 18 1936. Death is said to have occurred on the date stated above, at 9 a. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic mitral insufficiency and aortic stenosis  
Date of onset .....

Other contributory causes of importance:  
Sclerosis of aorta due to chronic arteriosclerosis

Name of operation .....

What test confirmed diagnosis? enlarged & hardened heart

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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) J. D. Meadam, M. D.  
(Address) Marie Hill, Mo

