

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

Do not use this space.

APR 16 1936

1. PLACE OF DEATH

County Camden
Township Anglaize
City Stoutland (No. _____)

Registration District No. 273

Primary Registration District No. 5170B

File No. 9589

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Margaret Melvinia Bradley

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 3 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 <u>female</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>H. C. Bradley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1867</u>		
7. AGE <u>69</u>	YEARS <u>2</u>	MONTHS <u>3</u>
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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County, Missouri</u>		
13. NAME <u>Joseph J. Thomas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County, Missouri</u>		
15. MAIDEN NAME <u>Isabell a. Palis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County, Missouri</u>		
17. INFORMANT <u>H. C. Bradley, Stoutland Mo.</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Point Cemetery</u> DATE <u>March 24</u> 19 <u>36</u>		
19. UNDERTAKER <u>Virgil Evans</u> (ADDRESS)		
20. FILED <u>April 10, 1936</u> <u>W. P. G. H. N. W.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to March 23, 1936.

I last saw her alive on March 18, 1936. Death is said to have occurred on the date stated above, at 1 p.m.

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

Valvular disease of the heart

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Violence Date of injury March 23, 1936

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) L. E. Heston, M. D.
(Address) Stoutland, Mo.

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