MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No. 18872
Township Sparta — Primary Registration District No. 6258 — Registered No.
City Sparta (No. ..... St. ..... Ward)

2. FULL NAME Fronia 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 17th 1860
7. AGE: YEARS 76 — MONTHS — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
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): Missouri

FATHER
13. NAME: Calvin Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virg

MOTHER
15. MAIDEN NAME: Nancy Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virg

17. INFORMANT (ADDRESS): Jimmie Johnson, Sparta, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Monger DATE May 3rd, 1936
19. UNDERTAKER (ADDRESS): Sparta Und Co, Sparta, Mo, Otto Raelbur
20. FILED 5-18 1936 Josephine Merritt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2nd, 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1936 to May 2nd, 1936
I last saw her alive on May 2nd, 1936. Death is said to have occurred on the date stated above, at 2-50 A.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia

Date of onset

Other contributory causes of importance: Age

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy ex 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? No
If so, specify .....
(Signed) H. J. Wise, M. D.
(Address) Sparta, Mo

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.