

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

Do not use this space.

SEP 21 1936

30458

1. PLACE OF DEATH
 County Camplin Registration District No. 306
 Township Halcomb Primary Registration District No. 404B
 City (No. _____) St. _____ Ward _____

2. FULL NAME Joseph B. Bradshaw

(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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary Bradshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 25

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

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) Campteele Mo

13. NAME James B. Bradshaw

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

15. MAIDEN NAME Elizabeth Throgmorton

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

17. INFORMANT (ADDRESS) Owen V. Bradshaw

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ark. Cem DATE Aug 12 36

19. UNDERTAKER (ADDRESS) Wm. M. Russell, Fayette, Ark.

20. FILED 7-10 1936 J. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to Aug 11 1936

I last saw him alive on Aug 8 1936 Death is said

to have occurred on the date stated above, at Campteele Mo.

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

Pulmonary Tuberculosis (Date of onset _____)

Other contributory causes of importance:

23

Name of operation _____ 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 _____ 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? 1

If so, specify _____

(Signed) John L. Brown, M. D.

(Address) Campteele Mo

