

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.

JAN 10 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **100B**  
City St. Louis (No. 4577 Garfield Ave. St. .... Ward)

46644

File No. ....  
Registered No. **12438**2. FULL NAME Yvonne Bradley(a) Residence, No. 4577 Garfield Ave. St. 11 Ward.

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) St. Louis Missouri13. NAME Emmitt Bradley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi15. MAIDEN NAME Dorothy Benson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri17. INFORMANT Dorothy Bradley  
(ADDRESS) 4577 Garfield Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Dec 19 193619. UNDERTAKER A. Russell Ind. Co.  
(ADDRESS) 2732 Pine St.20. FILED DEC 14 1936  
J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936, to Dec 17 1936  
I last saw h. w. alive on Dec 17 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia (Date of onset 12/13/36)

Other contributory causes of importance:

Whooping cough (Date of onset Dec 1936)Name of operation..... Date of.....  
What test confirmed diagnosis? Smear 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?.....  
If so, specify J. W. Deery (Signed)....., M. D.

(Address) 4330 Easton

