

FEB 6 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

747

1. PLACE OF DEATH

21 County Dade Registration District No. 235
 1 Township South Morgan Primary Registration District No. 4192
 1 City Dadeville (No. _____) St. _____ Ward _____

File No. _____

Registered No. 4

2. FULL NAME

Nancy R Bradford
 (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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1841

7. AGE YEARS 95 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Seneca Mo (STATE OR COUNTRY)

13. NAME Thos P Lewis

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

15. MAIDEN NAME Lucinda Isbell

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

17. INFORMANT Miss C. Robertson (ADDRESS) Dadeville Mo

18. BURIAL, CREMATION, OR REMOVAL None PLACE Dadeville DATE Jan 31 1937

19. UNDERTAKER Mrs. G. Dadeville, Mo. (ADDRESS)

20. FILED Jan 31 1937 Esther Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, to Jan 30, 1937.

I last saw him alive on Jan 31, 1937. Death is said

to have occurred on the date stated above, at 3:45 P.

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

Polar Pneumonia Date of onset 128.5

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) B B Kirby, M. D.

(Address) Dadeville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

