

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly

Registration District No. 735
Primary Registration District No. 3034
(No. 809 So. Williams)

File No. 13125
Registered No. 80

2. FULL NAME

John James Bradley
(a) Residence, No. 809 So. Williams St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937 to March 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27th 1861

I last saw him alive on March 17, 1937 Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 76 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

Cancer of Prostate Date of onset ?

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

Other contributory causes of importance:
General Atherosclerosis
General emphysema
Chr. Myocarditis

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

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

13. NAME John W. Bradley

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

15. MAIDEN NAME Bernice Bradsher

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

17. INFORMANT (ADDRESS) John W. Bradley
Colorado Springs Colo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE March 20th 1937

19. UNDERTAKER (ADDRESS) McMahon and Son
Moberly Mo

20. FILED Mar 20, 1937 Ethel Coleton Registrar.

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

(Signed) John J. Stumm M. D.
(Address) Moberly Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

