

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Daviess
Township Gallatin
City Gallatin (No., St. Ward)

Registration District No. 250
Primary Registration District No. 4150

File No. 16194
Registered No. 15

2. FULL NAME Amos Logan 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 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Emma Bradley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 24, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 28

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

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

10. Date deceased last worked at this occupation: (month and year) April, 1935 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Missouri

13. NAME Issiah Bradley

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

15. MAIDEN NAME Eleanor Tindall

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

17. INFORMANT Mrs. Emma Bradley (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Apr. 25 1937

19. UNDERTAKER Hope Furn. & Undt. Co., (ADDRESS) Gallatin, Missouri

20. FILED Apr. 23, 1937 H. H. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 22 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to April 22, 1937.
I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at 7:30 PM.

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

Chronic Pulmonary Tuberculosis Date of onset 1934

Other contributory causes of importance: 23

Name of operation Date of
What test confirmed diagnosis? Change 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
(Signed) Floyd E. Nelson M. D. 0
(Address) Gallatin, Mo.

