

JUL 27 1937

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

Do not use this space.

23572

1. PLACE OF DEATH

County Daviess

Registration District No. 250

Township

Primary Registration District No. 4150

City Gallatin

(No.)

St.

Ward)

2. FULL NAME Deloris June 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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 19, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) XXX 11. Total time (years) spent in this occupation. XXX

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

13. NAME Richard Bradley

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

15. MAIDEN NAME Maxine Helen Hobbs

16. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Missouri

17. INFORMANT Richard Bradley
(ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE June 20, 1937

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

20. FILED June 20, 1937
H. A. Hope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937 to June 19, 1937

I last saw her dead June 19, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

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

Stillborn Date of onset

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 3
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Fluorosis, Nelson D. O.
(Signed) Gallatin, Mo
(Address)

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.

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