

JUL 29 1937

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

Do not use this space.

23880

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Black Primary Registration District No. 3019
City Independence No. 525 W Walnut St. 8 (Ward)

2. FULL NAME

(a) Residence, No. 225 W Walnut Ward. 8
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1862

7. AGE YEARS 75 MONTHS 0 DAYS 23 IF LESS than 1 day, hrs. or min.

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. Carpenter
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) Ky

13. NAME Wm C Bradley

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

15. MAIDEN NAME Jane Inigo

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

17. INFORMANT A J Bradley (ADDRESS) Forest Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 5, 1937

19. UNDERTAKER Casey Henderson (ADDRESS) 154 Jackson

20. FILED 6-12-37 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937

22. I HEREBY CERTIFY That I attended deceased from med 1 1937 to June 3, 1937
I last saw him alive on June 29 1937 Death is said

to have occurred on the date stated above, at 8 m.
The principal cause of death and related causes of importance were as follows:

tibrosarcoma of left shoulder joint Date of onset 1935

Other contributory causes of importance: Chronic Myocarditis Unknown

Name of operation removal Date of 3/3/37
What test confirmed diagnosis? lab. 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) F. L. Cook, M. D.
(Address) Independence mo

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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W. F. & Co.