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

OCT 21 1937

Do not use this space.

34608

File No. 71

Registered No.

1. PLACE OF DEATH

County Lafayette

Township Lexington

City (No. St. Ward)

Registration District No. 461

Primary Registration District No. 5625

2. FULL NAME Sarah Y 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Fe	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	90	2	0	

OCCUPATION

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

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

FATHER

13. NAME Rufus Young

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

MOTHER

15. MAIDEN NAME Permelia Lankford

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

17. INFORMANT (ADDRESS) Miss. Mattie Bradley Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington, Mo DATE Sept. 4, 1937.

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo.

20. FILED Sept 4, 1937 Faye B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1937, to Aug 2nd, 1937

I last saw him alive on Aug 2, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Apoplexy	8-1-37
Cerebral Arteriosclerosis.	years
Senility	
Epilepsy	years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None 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) Ernest M. Brooks, M. D.

(Address) Higginsville, 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.