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.

DEC 17 1937

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

Do not use this space.

File No. 41370

Registered No. 26

1. PLACE OF DEATH

County: Henry — Registration District No. 14

Township: — Primary Registration District No. 4211

City: Windsor (No. ..... St. ..... Ward)

2. FULL NAME Will P. Bradley, M.D.

(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	11	11	

OCCUPATION

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

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

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) Henry County Missouri

FATHER

13. NAME C. C. Bradley

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

MOTHER

15. MAIDEN NAME Mary Venerable

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

17. INFORMANT Mrs W.P. Bradley
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Nov. 5, 1937

19. UNDERTAKER Huston Turner
(ADDRESS) Windsor, Mo.

20. FILED Nov 5 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937, to Nov 3, 1937

I last saw him alive on Nov 3, 1937. Death is said to have occurred on the date stated above, at 8 P.M.

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

	Date of onset
Carcinoma of Sigmoid	?

Other contributory causes of importance: None

Name of operation colostomy Date of Oct 16

What test confirmed diagnosis? Biopsy 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) Ray B. Jordan, M. D.

(Address) Windsor Mo.