

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.

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

Do not use this space.

**JAN 17 1938**

44200

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Lukes Hosp.)

File No. \_\_\_\_\_  
 Registered No. 5103 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** James T. Bradshaw

(a) Residence, No. 6851 Brookside St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amy Bradshaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>State Grain Comm.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Milloner</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Francis Bradshaw</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Curry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Amy Bradshaw 6851 Brookside</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Dec. 20, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>D. W. Newcomer's Sons</u>		
20. FILED <u>Dec 20 1937 M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 18, 1937.

I last saw him alive on Dec 18, 1937 Death is said to have occurred on the date stated above, at 1:10 p.m.

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

Date of onset Dec 3, 1937  
Diagnosis: Organic Brain Disease  
Acute degeneration of brain tissue  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), all in also the following:  
 Accident, suicide, or homicide? Not 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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) E. J. Monahan, M. D.  
 (Address) 211 Drury Pl. KC Mo

St. Runkles