

JAN 18 1938

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

Do not use this space.

45443
26

1. PLACE OF DEATH

39 County Greene Registration District No. 320 File No. 45443
Township Center Primary Registration District No. 5443 Registered No. 26
City Center (No. 1) St. Mo. Ward 1

2. FULL NAME Thompson Holiday Bradford

(a) Residence, No. Bois D'Arc Mo St., Mo. Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1869

7. AGE YEARS 68 MONTHS 8 DAYS 22 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) 1-9-34 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo 1

13. NAME Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Anna Washburn (ADDRESS) Bois D'Arc Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Thurgersville DATE 11-24-1937

19. UNDERTAKER W. J. Hays (ADDRESS) Bois D'Arc Mo

20. FILED 1/24 1937 W. J. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13/1937

22. I HEREBY CERTIFY, That I attended deceased from 11-20-1937, to 11-23-1937

I last saw him alive on 11-22-1937 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Euramic Poisoning Date of onset (2)

Other contributory causes of importance:

Nephritis Chronic
Parasitosis

Name of operation Wound by imp. Date of 11/13/37

What test confirmed diagnosis? Wound by imp. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 11-22-1937

Where did injury occur? Bois D'Arc Mo

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury Wound by imp.

Nature of injury Wound by imp.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. J. Hays, M. D.

(Address) Bois D'Arc 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.

