

REC'D MAY 6 1938

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

Do not use this space.

14760

1. PLACE OF DEATH

County Hickory Registration District No. 360  
Town Wheatland Center Primary Registration District No. 5805  
City Wheatland, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3  
Registered No. \_\_\_\_\_

2. FULL NAME

Bertha Vera Bradley 634

(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 fm 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 8 9

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

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) Wheatland  
(STATE OR COUNTRY) Hickory Co. Missouri

13. NAME Adam W Pine

14. BIRTHPLACE (CITY OR TOWN) Wheatland  
(STATE OR COUNTRY) Hickory Co. Missouri

15. MAIDEN NAME Maria Edwards

16. BIRTHPLACE (CITY OR TOWN) Norfolk  
(STATE OR COUNTRY) England

17. INFORMANT Mae Lafaver  
(ADDRESS) Wheatland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner DATE 3/21/38

19. UNDERTAKER Lucky Funeral Home  
(ADDRESS) Wheatland, Mo

20. FILED April 9, 1938 Annie McKinley  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct-21-, 1937, to March-19-, 1938

I last saw her alive on Mar-19-, 1938 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Myo-carditis Date of onset 1935

Other contributory causes of importance: 99

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physian 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) A. S. Johnston, M. D.

(Address) Wheatland, 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.

X  
X  
X  
X  
X

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56-899

1881-7-10

1938-3-19  
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