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.

REC'D MAY 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Morgan — Registration District No. 598 — File No. 15355

Township Buffalo — Primary Registration District No. 5794 — Registered No. 19

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaret Eveline Bradshaw 629

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lafayette Bradshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1852

7. AGE — YEARS: 85 — MONTHS: 10 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 1920
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co North Carolina

FATHER

13. NAME David Geyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Lavisa Buckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co N C

17. INFORMANT (ADDRESS) Mrs Woods Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem DATE Apr 24, 1938

19. UNDERTAKER (ADDRESS) C. R. Rapp & Son Stover Mo

20. FILED 4-27, 1938 Will F. Berry, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Apr 20, 1938
I last saw her alive on Apr 20, 1938. Death is said to have occurred on the date stated above, at 5 20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
A general debility	1937

Other contributory causes of importance: 162

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... 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? ✓
If so, specify .....
(Signed) Chas A Wiest, M. D.
(Address) Stover Mo