

REC'D JUN 17 1938

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

Do not use this space.

19192

1. PLACE OF DEATH

County Pettis
Township Cedar
City Secalia R.R. #4

Registration District No. 668
Primary Registration District No. 5894

File No. 178
Registered No. 668
St. _____ Ward)

2. FULL NAME

Robert M Bradley

(a) Residence, No. Secalia R.R. #4 St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-20-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 5 8

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

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 Life

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

13. NAME B. J. Bradley

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

15. MAIDEN NAME Francis Payne

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

17. INFORMANT Vivian Bradley (ADDRESS) Secalia R.R. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 5-30-1938

19. UNDERTAKER McLaughlin Bros (ADDRESS) Secalia Mo.

20. FILED 5-30-1938 Frank Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28-1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to May 28, 1938

I last saw him alive on May 26, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Acute Carditis Chron. Date of onset _____

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) R. M. Bradley, M. D.

(Address) Secalia

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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.

