

REC'D JUL 20 1938

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

22100

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township..... Primary Registration District No. 3020 Registered No.....
(c) City Carthage, Mo. (d) Street No. McCune Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa Jane Bradshaw

(a) Residence, No. Route 1, Carthage, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 S. J. Bradshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 2

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

9. Industry or business in which work was done, as 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) Jasper County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Scott

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

MOTHER 15. MAIDEN NAME Rachel Danna

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

17. INFORMANT S. J. Bradshaw
(ADDRESS) Route 1, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fasken Cemetery DATE June 22, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED June 21, 1938 E. J. McIntire, R. 1 Local Registrar. 915 (Address) Carthage Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1937 to June 20 1938

I last saw him alive on June 20 1938 Death is said to have occurred on the date stated above, at 8:22 P.M.

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

Paralysis due to cerebral congestion and possible hemorrhage
Date of onset 6/10/38

Other contributory causes of importance:

Uremia due to chronic nephritis
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis Urinal 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) E. J. McIntire, M. D.

(Address) Carthage Mo.

STATEMENT BY LICENSED EMBALMER

I, Edleberry, Licensed Embalmer No. 222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edleberry

Licensed Embalmer No. 222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)