

REC'D OCT 21 1938

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

32375  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township \_\_\_\_\_ Primary Registration District No. 3019 Registered No. 255  
(c) City Independence (d) Street No. \_\_\_\_\_ 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 Birdie May Bradley 638

(a) Residence, No. 118 East Short St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William T. Bradley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1875</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>4</u>	DAYS <u>19</u> If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) _____	
FATHER	11. Total time (years) spent in this occupation _____	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adel Iowa</u>	
MOTHER	13. NAME <u>William H. Isenhart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Jennie Magart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adel IOWA</u>	
17. INFORMANT <u>William T. Bradley</u> (ADDRESS) <u>118 East Short St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mound Grove Cem</u> DATE <u>Sept. 22, 1938</u>		
19. FUNERAL DIRECTOR <u>Cato &amp; Speaks Funeral Home</u> (ADDRESS) <u>Independence, Mo.</u>		
20. FILED <u>9-24-1938</u> <u>J. L. Cook</u> Local Registrar. <u>360</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June, 1938 to Sept, 1938  
I last saw him alive on Sept 19, 1938 Death is said to have occurred on the date stated above, at Adel, Mo.  
The principal cause of death and related causes of importance were as follows:  
Hypernephroma of left kidney metastasizing into ascending colon  
Other contributory causes of importance:  
Perforation of bowel 3 days  
Old pneumonia due to operation for ectopic pregnancy 30 yrs ago.  
Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes  
Date of autopsy Sept 22, 1938

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury Jan, 19      
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury no operation  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. L. Cook M. D.  
(Address) Independence, Mo.

STATEMENT BY LICENSED EMBALMER

I, Roland R. Speaks, Licensed Embalmer No. 3604

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: Roland R. Speaks  
Licensed Embalmer No. 3604

**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.)**