

DEC 19 1938

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

39498

Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 417
(b) Township Webb City Primary Registration District No. 3021 Registered No. 86
(c) City Webb City (d) Street No. JANE CHI IN HOSPITAL Jane Chi In 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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Richard Frank Bradshaw
(a) Residence, No. Unity Bldg Webb City St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mattie Bradshaw
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1869
7. AGE YEARS 69 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. policeman
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) (STATE OR COUNTRY) Penn.13. NAME Ben Bradshaw14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data15. MAIDEN NAME Sarah Bryant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data17. INFORMANT Mrs. Mattie Bradshaw
(ADDRESS) Webb City Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Stealing Cem. DATE 11/27 193819. FUNERAL DIRECTOR (NAME) Hedge-Nelson
(ADDRESS) Webb City Mo.20. FILED NOV. 26. 38 19 Richard F. Webb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24 193822. I HEREBY CERTIFY, That I attended deceased from 11-23, 1938, to 11-24, 1938I last saw him alive on 11-24, 1938 Death is saidto have occurred on the date stated above, at 3:15 P. M.

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

cardiac asthma Date of onsetOther contributory causes of importance: 1578

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....., 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) Mr. J. H. Webb M. D.317 (Address) Webb City Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X14022

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.

RECEIVED
DISTRICT HEALTH OFFICER NO. 6
DISTRICT FILE NUMBER
DATE FILED

RECEIVED

District Health Officer No. 6,

District File Number 6-38-805

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

E. D. Hedgcock

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *E. D. Hedgcock*

Licensed Embalmer No. 2859

P. O. Address Hebb City

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.)

If this body is not embalmed, above space should be left blank.