

REC'D FEB 27 1939

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

3549
Do not use this space.

1. PLACE OF DEATH *Platte*
 (a) County *Platte* Registration District No. *695*
 (b) Township *Pettis* Primary Registration District No. *5922*
 (c) City *Parkville no R#* (d) Street No. *1 Home* Registered No. _____ St. _____
 (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 *GERTRUDE BRADLEY*
 (a) Residence, No. *Parkville no R# 2* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 27-1863*
 7. AGE YEARS *75* MONTHS *8* DAYS *25* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *spinster*
 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) *Milan* (STATE OR COUNTRY) *Illinois*

FATHER 13. NAME *Nathaniel Dean Bradley*
 14. BIRTHPLACE (CITY OR TOWN) *Catskill* (STATE OR COUNTRY) *New York*

MOTHER 15. MAIDEN NAME *Elizabeth Dickson*
 16. BIRTHPLACE (CITY OR TOWN) *North East* (STATE OR COUNTRY) *Penn*

17. INFORMANT *J.P. Cullen* (ADDRESS) *Parkville Mo Route # 2*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rock Island Ill* DATE *Jan 25 1939*

19. FUNERAL DIRECTOR (NAME) *Winton Funeral Home* (ADDRESS) *North Kansas City Mo*

20. FILED *2-10* 1939 *J.P. Cullen* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 22 1939*
 I HEREBY CERTIFY That I attended deceased from *December 30* 1938, to *Jan 22* 1939
 I last saw h. or alive on *Jan 21* 1939. Death is said to have occurred on the date stated above, at *11: A.* m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset *1/17/39*
Pulmonary Edema *1/21/39*
A3C
 Other contributory causes of importance:
Chronic myocarditis 1938
Gravocholera 1935

Name of operation *none* Date of _____
 What test confirmed diagnosis? *Clinical* 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? *no*
 If so, specify _____

(Signed) *Wm. H. Cullen*, M.D.
 (Address) *North Kansas City Mo*

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.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.