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.

REC'D APR 17 1939

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

9751
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kan — Primary Registration District No. 1002 — Registered No. 1357
(c) City Kan City Mo — (d) Street No. Gen Hosp. 2 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 460 Pearl Taylor
(a) Residence, No. 1410 Woodland Ave 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widdow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Bradley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-12-1892
7. AGE: YEARS 46 — MONTHS 43 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Maid
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): 3-23-39
11. Total time (years) spent in this occupation: one

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhound Mo

FATHER
13. NAME: W. E. Bradely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhound Mo

MOTHER
15. MAIDEN NAME: Susie Maries
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winsdor Mo

17. INFORMANT (ADDRESS): Chas. Bradley, 1410 Woodland Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Winsdor DATE: 3-28, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ed. L. Abernathy, 1409 E 12th St
20. FILED: 3-29, 1939 M. M. Crowe, ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-25-39, 19
22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 19...
I last saw him alive on ... Death is said to have occurred on the date stated above, at 11:25 P.M.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Lobar pneumonia
108

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

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) [signature], M. D.
(Address) Gen Hosp; K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Pearl Taylor, or by

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

Signed Arvey Andrews

Licensed Embalmer No. 3974

P. O. Address 1607 N 10 St K.C.

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.