

REC'D JUN 8 1939

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

17464
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 2 Registration District No. 399
 (b) Township Clair Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2222 Forest 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. da. (f) How long in U. S.; if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Katie B. Bradford
 (a) Residence, No. 2222 Forest 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clifton Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Lexington Mo

FATHER
 13. NAME Hypedon M. Coyle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

MOTHER
 15. MAIDEN NAME Alice Arns
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs. Frances Thompson, 2222 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE 5/5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros, 1729 Lydia

20. FILED May 4, 1939 M. M. Groom Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1939 to May 2, 1939
 I last saw her alive on Apr 25 - 27 P.M. 1939 Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance, were as follows:
Renal Parenchyma
Long Nephritis
 Date of onset 131

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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
 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) 1517 N. 5th St.

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

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.

1 X14023

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 *Robert Adams*

Registered Apprentice No. *178*, working under my personal supervision.

Signed *T. B. Robbins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyda*

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.