

DEC 16 1939

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

39987
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 408
 (b) Township Madison 1 Primary Registration District No. 5564 Registered No. 220
 (c) City Garthage (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

634 Neva Amelia Bradley
 (a) Residence, No. Route 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph H. Bradley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13, 1894
 7. AGE YEARS 45 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) _____ 14. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neola Missouri
 FATHER 13. NAME J. J. McGuire
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neola Missouri
 MOTHER 15. MAIDEN NAME Jones Hastings
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue County Missouri
 17. INFORMANT (ADDRESS) Joseph H. Bradley, Route 1 - Garthage, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Nov. 24, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary, Garthage, Missouri
 20. FILED Nov. 24, 1939 E. J. McIntire, R. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Nov 24, 1939.
 I last saw him alive on Nov 21, 1939. Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 11-21-39
45.6
 Other contributory causes of importance:
Hypertension many years
Hypertensive heart disease 2 yrs
 Name of operation none 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 _____, 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) Russell Smith, M. D.
 86-5 (Address) Garthage 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2604

Date Filed DEC 14 1939

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. 397
working under my personal supervision.

Signed

Ernest L. Steel

Licensed Embalmer No.

391

P. O. Address

Carthage

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.