

NOV 10 1940

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

43732
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Madison Primary Registration District No. 5564 Registered No. 229
 (c) City _____ (d) Street No. Rural Route 1 _____ 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 74 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Thomas Middleton Bradley
 (a) Residence, No. Rural Route 1, Carthage 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Eliza E. Batten
(OR WIFE OF)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stockman
 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) Springfield (STATE OR COUNTRY) Illinois
 FATHER 13. NAME William Bradley
 14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Bettsie Regan
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 17. INFORMANT George Bradley (ADDRESS) Rural Route 1, Carthage
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dudman DATE 12-8 1939
 19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home (ADDRESS) Carthage, Mo.
 20. FILED Dec. 8 1939 E. J. Mc Intire, M.D. 865 (Address) Jasper, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____
 I last saw him alive on December 6, 1939 Death is said to have occurred on the date stated above, at 3:30 p.m. 12-6-39
 The principal cause of death and related causes of importance were as follows:
Fractured neck Date of onset _____
Automobile accident
 Other contributory causes of importance: falling across Highway 66 east of Carthage 1-3 mi. and was struck by automobile
 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? accident Date of injury 12-6, 1939
 Where did injury occur? Jasper County, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
on Highway 66
 Manner of injury Automobile accident
 Nature of injury Fractured neck
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Winchester (over) M. D.
Jasper, 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 140-137

Date Filed JAN 9 1940

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.....

Edell...

Licensed Embalmer No.....

2222

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.