

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

7828

Registration District No. 773

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Wayneville, Mo. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 90 years 6 months 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Niah Bradford

3. (b) If veteran,  
name war

3. (c) Social Security  
No. None

4. Sex Female  
5. Color or race White

6. (a) Single, widowed, married,  
divorced Widowed

6. (b) Name of husband or wife  
William L. Bradford

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased May 31 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 6 4 hr. min.

9. Birthplace Pulaski County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name William Tilley

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Tippet

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roy C. Wilson

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 2/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bradford Cemetery

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Crocker Mo

19. (a) 2/6/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th  
year 1940 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan 1940 to Feb 5, 1940  
that I last saw him alive on Feb 4, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Bunch of pneumonia

Due to Sen.

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

6 days

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 641

While at work? (Specify type of place) (a) Means of injury

23. Signature C. G. Talbot (M. D. or other) 1  
Address Waymouth Date signed 2/6/40

(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, or by.....

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

RECEIVED

District Health Officer No. 8,

District File Number 340292

Date Filed 3/24/0

Signed Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker, Mo

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.