

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

11169
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 22-46a Registered No. 26
 (c) City _____ (d) Street No. _____
 (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 1 1/2 yrs. 3 mos. 7 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME

Miss Elizabeth Ann Bradford
 (a) Residence, No. _____ (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 23, 1839</u>		
7. AGE <u>100</u>	YEARS <u>6</u>	MONTHS <u>6</u>
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.		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) <u>Pike County, Mo.</u>		
13. NAME <u>A. W. Bradford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boulter Co. Ky.</u>		
15. MAIDEN NAME <u>Elizabeth Bailey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boulter Co. Ky.</u>		
17. INFORMANT <u>Jos. Burney</u> (ADDRESS) <u>Ironton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baptist Home Cem.</u> DATE <u>3/20/40</u> <u>Arcadia, Mo.</u>		
19. FUNERAL DIRECTOR <u>Norman White & Sons</u> (ADDRESS) <u>Ironton, Mo.</u>		
20. FILED <u>Apr. 2, 1940</u> <u>Julia A. Benton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 5th, 1940 to March 19th, 1940
 I last saw her alive on March 18th, 1940 Death is said to have occurred on the date stated above, at 12:05 a. m.
 The principal cause of death and related causes of importance were as follows:

<u>Broncho-Pneumonia</u>	Date of onset <u>3/17/40</u>
<u>Influenza</u>	<u>3/5/40</u>
<u>Septicemia</u>	

Other contributory causes of importance: None

Name of operation none Date of _____
 What test confirmed diagnosis? none 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) R. E. Harland, M. D.
 Address Ironton, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)