

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.

23 AUG 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County Crawford  
Township BENTON  
City CUBA (No. 173)

Registration District No. 230  
Primary Registration District No. 17140

File No. 25012

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 5 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1861  
7. AGE YEARS 78 MONTHS - DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner and operator of cars  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator of Cars  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Troupe, La. (STATE OR COUNTRY)

13. NAME W. A. Bradford

14. BIRTHPLACE (CITY OR TOWN) Troupe, La. (STATE OR COUNTRY)

15. MAIDEN NAME Mary E. Tarbutton

16. BIRTHPLACE (CITY OR TOWN) Troupe, La. (STATE OR COUNTRY)

17. INFORMANT Edw. L. Bradford (ADDRESS) 1111 S. 1st St. Cuba, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. Louis DATE 9-28-39

19. UNDERTAKER Edw. L. Bradford (ADDRESS) Bourbon Mo.

20. FILED Oct 5 1939 G. G. A. Stenzel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1939, to Sept. 26 1939.  
I last saw him alive on Sept. 26 1939. Death is said to have occurred on the date stated above, at 10:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 9/26/39

Other contributory causes of importance: Senility

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none, 19\_\_\_\_

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury gross

Nature of injury trauma

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify none

(Signed) Julian Anderson M. D.

(Address) New Central Hotel Bldg. Cuba Mo.

WETLANDS

WETLANDS

8

WETLANDS

WETLANDS