V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41768

FILED JAN -7 1943

Registration District No. 316 | Primary Registration District No. 6075 | Registrar's No. 125

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 13 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town East Prairie RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TOM BRADHAM
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena (De Baum) Bradham
6. (c) Age of husband or wife if alive Alive; years
7. Birth date of deceased July 9, 1886 age Unk. (Month) (Day) (Year)

8. AGE: Years 56 | Months 4 | Days 20 | If less than one day hr. min.
9. Birthplace Wayne City (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Bradham
13. Birthplace Wayne City (City, town or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 31, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cem., Dexter, Mo.
18. (a) Signature of funeral director T. Shelby
(b) Address East Prairie, Mo.
19. (a) 12-15-1942 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1942 hour 5 minute 25 a.m.
21. I hereby certify that I attended the deceased from Sept 11 1942, to Nov 29 1942, that I last saw him alive on Nov. 28 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilis	6 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Dementia Psychosis	4 yrs
Cerebral Arteriosclerosis	
Major findings: Of operations	
Of autopsy	

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

23. Signature Otto V. Schudde (M. D. or other)
Address State Hospital Farmington Mo. Date signed 11-29-42

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(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4

District File Number 143-1561

Date Filed 1-6-43.

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 James E. Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed Thomas Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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, fact should be so stated above.