

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

Do not use this space.

FILED DEC 8 1943

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1. PLACE OF DEATH

County Franklin Registration District No. 114
Township Meramec Primary Registration District No. 4186
City Sullivan, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME

JAMES LEWIS BRADLEY

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED -HUSBAND OF (OR) WIFE OF <u>Matilda Bradley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28, 1864</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>8</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watch repairer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) <u>Oct, 1943</u>		11. Total time (years) spent in this occupation <u>35</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Clair Franklin Co., Mo.</u>			
	13. NAME <u>James Bradley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co., Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Ruth Ann DeMouille</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co., Mo.</u>			
17. INFORMANT <u>Mrs. Ella Earl</u> (ADDRESS) <u>St. Clair, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sullivan</u> DATE <u>Nov. 29, 1943</u>				
19. UNDERTAKER <u>J. Williams</u> (ADDRESS) _____				
20. FILED <u>Nov 29, 1943</u> <u>Gilbert Gilhaus</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1943 to Nov 27, 1943
I last saw him alive on Nov 25, 1943 Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:
Endo-Myo Carditis Date of onset ?

Other contributory causes of importance:
Chronic Nephritis
Serinity 131K

Name of operation _____ 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? _____ 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 C. F. Briggleb M. D.
(Signed) _____ (Address) St. Clair, 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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