

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

25021

Do not use this space.

**1. PLACE OF DEATH**

(a) County Laclede Registration District No. 50  
 (b) Township 15 Primary Registration District No. STTL 333 Registered No. 27  
 (c) City Lebanon (d) Street No. Wallace Memorial Hospital St.  
 (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 yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** HENRY CLAY BRADLEY

(a) Residence, No. Camden County Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret M Bradley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
88 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) 1939 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn.

FATHER 13. NAME Richard S Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Helena Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Nola Green  
Thousand Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cemetery DATE June 14, 1944

19. FUNERAL DIRECTOR (ADDRESS) Wingfield Evans

20. FILED June 23, 1944 Clara Nelson  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1944

22. I HEREBY CERTIFY That I attended deceased from May 28, 1944 to June 15, 1944

I last saw him alive on June 13, 1944 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy  
Cystitis and chronic  
interstitial nephritis  
 Other contributory causes of importance: 131a  
Superficial draining  
of bladder

Name of operation ..... Date of June 6, 1944

What test confirmed diagnosis? hist. sec. Was there an autopsy? yes

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) C. E. Carlton, M. D.

(Address) Stamford Mo

MARGIN RESERVED FOR BINDING

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.

FILED JUL 17 1944

51  
72-1

RECEIVED  
District Health Officer No. 76  
District File Number 6-44-862  
Date Filed 7-13-44

*This body was not embalmed*

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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.)**