

JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19880**

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **4136** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - Maple Street		d. STREET ADDRESS (If rural, give location) --- Maple	

3. NAME OF DECEASED (Type or Print)	a. (First) Lela	b. (Middle) M.	c. (Last) Word	4. DATE OF DEATH (Month) (Day) (Year) June 11 52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 2/27/1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME James S. Bradley	13b. MOTHER'S MAIDEN NAME Madeline Young	14. NAME OF HUSBAND OR WIFE Earnest Word, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Martin Plattsburg, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		Polyarthritia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 8, 1952**, to **June 11, 1952**, that I last saw the deceased alive on **June 10, 1952**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED June 12, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6/14/52	24c. NAME OF CEMETERY OR CREMATORY Green Lawn	24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.
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DATE REC'D BY LOCAL REG. June 12, 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Dr. E. Summerfield	ADDRESS Stewartville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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