

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

Do not use this space.

21275

1. PLACE OF DEATH

County Acery
Township.....
City Windsor (No.....)

Registration District No. 14
Primary Registration District No. 4211

File No.....
Registered No. 22
St. Ward.....

2. FULL NAME

Thomas Mills 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 13, 1847</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>9</u>	DAYS <u>15</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>retired farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

10. NAME OF FATHER Daley Bradley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

12. MAIDEN NAME OF MOTHER Ann Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Mr. T. J. Johnson

15. FILED June 29, 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1929
17. I HEREBY CERTIFY that I attended deceased from Jan 1929 to June 29, 1929 and that I last saw him alive on June 28, 1929 and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral insufficiency
924
118

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? good
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? examined
(Signed) T. J. Johnson M. D.
Address Windsor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Windsor June 29, 1929

20. UNDERTAKER ADDRESS
Windsor

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.

JUL 25 1929

NOV 18 1948