

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

Do not use this space.

29917-C

1. PLACE OF DEATH

County Stark
Township Witchell
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 90212

File No.
Registered No. 20
St. Ward)

2. FULL NAME

Ida Alice Bradley

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos.
How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7, 1888

7. AGE YEARS MONTHS DAYS 40 9 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Ldney Harper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Cora Hight

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) North Carolina

14. INFORMANT Henry Bradley
(Address) Blockton Iowa

15. FILED 9/21/29 John Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30, 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 30, 1929, to Aug 30, 1929
(that I last saw him alive on Aug 30, 1929, and that death occurred, on the date stated above, at 7:30 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of base of skull
highly ruptured
fractured out of automobile
fighting my head for minutes
CONTRIBUTORY (SECONDARY) fell from automobile
on head

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physical findings

(Signed) E. J. Kersh, M. D.

, 19 (Address) Grant City Mo.

*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

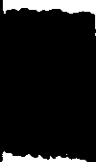
DATE OF BURIAL

Isadora Cemetery 9/2 1929

20. UNDERTAKER

ADDRESS

F. O. Mumma Blockton Iowa



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township Witchell
City Ida (No. 1)

Registration District No. 903
Primary Registration District No. 6212

File No. 20
Registered No. 20
St. Ida Ward 1

2. FULL NAME

(a) Residence. No. Ida Alice Bradley St. Ida Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 11/10/29 John REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1929

17. I HEREBY CERTIFY That I attended deceased from 1929 to 1929, 1929 that I last saw him alive on 1929, 1929, and that death occurred, on the date stated above, at Ida m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of base of skull
resulting from automobile
fall from automobile
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) fall from automobile
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) 1880 M. D.

, 19 (Address)

*State the ~~cause~~ 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

20. UNDER

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If DEATH is very important, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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