

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

Do not use this space.

904

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
 Township White Oak Primary Registration District No. 5495  
 City Urich (No. ....) St. .... Ward)

File No. ....  
 Registered No. 168  
 St. .... Ward)

**2. FULL NAME**

Roseena Lillian 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 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 James B. Bradley  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1867  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 10 4

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House keeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Ashmore  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Josephus Lee

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

12. MAIDEN NAME OF MOTHER America Neale

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

14. INFORMANT M. M. Lee  
 (Address) Dallas Tex

15. FILED 1-17-1930 Dr E. C. Reeler  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1930 to Jan 12 1930  
 that I last saw her alive on Jan 12 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage

82A (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
 IF NOT AT PLACE OF DEATH, DATE OF .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
 (Signed) W. J. Smith, M. D.  
 , 19 (Address) Urich, 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 Urich Mo DATE OF BURIAL Jan 14 1930

20. UNDERTAKER C. L. Graham ADDRESS Urich Mo

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.

1930  
 47  
 5

235  
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PARENTS

