

APR 18 1936

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

Do not use this space.

14945

1. PLACE OF DEATH

County Henry
Township Usage
City (No.)

Registration District No. 345
Primary Registration District No. 5486

File No.
Registered No. 262
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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)

Robert Dean Bradley

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1934</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>2</u>
		DAYS
		<u>5</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	<u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brownington Missouri</u>		
MOTHER	13. NAME <u>James Dean Bradley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brownington Missouri</u>	
	15. MAIDEN NAME <u>Facy Maretta Reese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brownington Missouri</u>	
17. INFORMANT <u>James D. Bradley</u> (ADDRESS) <u>Brownington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maplewood</u> DATE <u>April 5, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Rickett</u> <u>Brownington, Mo.</u>		
20. FILED <u>April 6, 1936</u> <u>C. D. Taylor, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1936 to April 4, 1936
I last saw him alive on April 4, 1936 Death is said to have occurred on the date stated above, at 11: A.M.
The principal cause of death and related causes of importance were as follows:
Double Pneumonia Date of onset 1/6/36

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) C. D. Taylor, M. D.
(Address) Brownington, 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.

