

MAY 22 1936

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

Do not use this space.

21125

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**City **St. Louis**(No. **Rankin & Leede**)St. **18** Ward

File No.....

Registered No. **5333**St. **18** Ward2. FULL NAME **Goley Bradshaw**(a) Residence, No. **3402 Leede Ave** St. **18** Ward.(Usual place of abode) **walnut.**

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Abbie Bradshaw**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 2, 1893**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	43	0	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Day Laborer
	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)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Hopkinsville**
(STATE OR COUNTRY) **Kentucky**13. NAME **Sherbert Bradshaw**14. BIRTHPLACE (CITY OR TOWN) **Hopkinsville**
(STATE OR COUNTRY) **Kentucky**15. MAIDEN NAME **Elizabeth Thomas**16. BIRTHPLACE (CITY OR TOWN) **Hopkinsville**
(STATE OR COUNTRY) **Kentucky**17. INFORMANT **Abbie Bradshaw**
(ADDRESS) **3402 Leede Ave.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Peters Cem** DATE **5/22** 19**36**19. UNDERTAKER **D. W. Roberts**
(ADDRESS) **3035 Lucas Avenue**20. FILED **MAY 20 1936** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17, 1936**22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at **11:25 P.M.**

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
burnhouses of liver
Chr Myocarditis

Other contributory causes of importance:
1st

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**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) **Harold P. Hines**, M. D.
(Address) **Wynford**

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.

S. No. 2

