

REC'D APR 18 1939

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

10958
Do not use this space.

1. PLACE OF DEATH

(a) County Newry 2 Registration District No. 345
 (b) Township Asage 1 Primary Registration District No. 5486
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1939

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Brownington Missouri

13. FATHER James Law Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownington Missouri

15. MOTHER Marietta Reese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownington Missouri

17. INFORMANT (ADDRESS) James Law Bradley Brownington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Maplewood DATE Mar 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. P. Rickett Brownington, Mo.

20. FILED Mar 3, 1939 O. P. Taylor, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 1939

22. I HEREBY CERTIFY That I attended deceased from Mar 2, 1939 to Mar 3, 1939
 I last saw her alive on Mar 3, 1939 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:
Malformation of the heart Date of onset

Other contributory causes of importance: ISC

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) O. P. Taylor M. D.
31 Brownington, Mo.

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.

5014-1 2-38 X1 6023

RECEIVED

District Health Officer No. 7;
District File Number 7-29-493
Date Filed 4-11-29

STATEMENT BY LICENSED EMBALMER

-I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.