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

Do not use this space.

16802

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: Campbell — Primary Registration District No.: 2001 — Registered No.: 387
City: Springfield Mo — St. — Ward)

2. FULL NAME: Nannie M Bradshaw
(a) Residence. No. Springfield R St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 29 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-13-1867

7. AGE: Years 60 — Months 8 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Matron Co Farm
(b) General nature of industry, business, or establishment in which employed (or employer): Over Sunny
(c) Name of employer: County Court

9. BIRTHPLACE (CITY OR TOWN): Brookline
(STATE OR COUNTRY): Greene Co

PARENTS
10. NAME OF FATHER: Grandy J Dallison
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Greene
12. MAIDEN NAME OF MOTHER: Florence Hinds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Rasselville
(STATE OR COUNTRY): Ky

14. INFORMANT: Mr. Bradshaw
(Address): Springfield Mo

15. FILED 5-21, 1928 — O C Horst Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/20 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/2, 1928, to 5/20, 1928 that I last saw her alive on 5/19, 1928, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
46 E

44 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S H Fillenghs, M. D
5/21, 1928 (Address) Springfield 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: Maple Park CEMETERY — DATE OF BURIAL: 5 — 1928

20. UNDERTAKER: Gene Brimm — ADDRESS: Walnut Grove

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.