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

Do not use this space.

34075

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No.
Township Aurora — Primary Registration District No. 4280 — Registered No. 71
City Aurora — (No. 123, St Louis St. ..... St. ..... Ward)

2. FULL NAME Ella May Bradley —
(a) Residence. No. 123 St Louis St., ... Ward.
(Usual place of abode) (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: 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 H Bradley —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 - 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tyrone —
(STATE OR COUNTRY) Penn —

PARENTS
10. NAME OF FATHER Stewart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland —
12. MAIDEN NAME OF MOTHER Fay —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany —

14. INFORMANT Herman Lynch
(Address) Aurora Mo —

15. FILED 10 30, 1928 R W Smart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 25, 1928, that I last saw her alive on Oct 24, 1928, and that death occurred, on the date stated above, at 12 20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
822
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 7 4 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S N Townsend, M. D
10-26, 1928 (Address) Huron 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 — DATE OF BURIAL: 10/26 1928

20. UNDERTAKER: King Funeral Home — ADDRESS: Aurora 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.