

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

Do not use this space.

11165

1. PLACE OF DEATH

County Douglas
Township Osage
City Joplin (No. Freemans Hosp)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 1-1 St. _____ Ward)

2. FULL NAME

(a) Residence. No. Osage Park 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Leannette Bradley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 9 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Campbell Ill.

10. NAME OF FATHER

J Bradley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER

Susann Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn.

14.

INFORMANT Leannette Bradley Osage
(Address)

15.

FILED 3-2-29 Dr A B Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to March 2, 1929, that I last saw him alive on March 2, 1929, and that death occurred, on the date stated above, at 1030 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atitis Media
Meningitis Pneumococcus
79A (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) StW (duration) yrs. mos. da.

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) Dr W L Post _____, M. D.
3-2-1929 (Address) Joplin 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

Evergreen Cemetery
ava Ill.

DATE OF BURIAL

Mar 5 1929

20. UNDERTAKER

C. F. Steckting

ADDRESS

Oswego Kan.

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.

49
25
1929

1
2
2
2

