

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

Do not use this space.

39319

**1. PLACE OF DEATH U.S.V.Hosp.**

County Jackson

Registration District No. 395

Township Kaw

Primary Registration District No. 710

City Kansas City, Mo.

(No. U.S. Veterans Hospital)

File No. \_\_\_\_\_

Registered No. 4880

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME BRADLEY, Albert A**

**C-None WOE**

(a) Residence. No. 1015 Washington St. 1

Ward Pvt. Co B Dev. Bn.

(Usual place of abode)

Kansas City, Mo.

(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**

**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) Jan. 8, 1885**

**7. AGE**

YEARS **45**

MONTHS **10**

DAY **25**

IF LESS than 1 day, .....hrs. or .....min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Salesman**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

**Rockford**

(STATE OR COUNTRY)

**Illinois**

**10. NAME OF FATHER**

**Edwin D Bradley**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Chicago**

(STATE OR COUNTRY)

**Illinois.**

**12. MAIDEN NAME OF MOTHER**

**Emma B Wayland**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**Cynthianna**

(STATE OR COUNTRY)

**Kentucky**

**14.**

INFORMANT

Mrs. Laura D Etwell (sister)

(Address)

3923 Chestnut, Kansas City, Mo.

**15.**

FILED

17/4 30 M. M. Brown

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR) December 3 1930**

**17.**

I HEREBY CERTIFY, That I attended deceased from November 24 1930 to December 3 1930 that I last saw him alive on December 3 1930, and that death occurred, on the date stated above, at 7:20 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Nephritis, chr. Parenchymatous with V.H.D. Mitral Insufficiency and Myocardial degeneration.**

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... **Unknown**

**19. DID AN OPERATION PRECEDE DEATH? NO DATE OF**

WAS THERE AN AUTOPSYT **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Exam. Lab. & X-ray**

(Signed) Henry A Dikes M. D.  
**HENRY A DYKES, Med. Officer in Charge (T U.S.V.Hosp. Kansas City, Mo.)**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MRANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Forest Hill

12-5-1930

**20. UNDERTAKER**

**ADDRESS**

James M. ...

1097 ...

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.

