

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

Do not use this space.

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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.

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1. PLACE OF DEATH
 County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5276
 City North Kansas City, Mo. Nashua, Mo. (If nonresident, give city or town and State)
 2. FULL NAME William Bradley Jr.
 (a) Residence, No. 816 N. 23rd St. St. Joseph, Mo. (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 5 _____
 St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6-1910</u>				
7. AGE	YEARS <u>21</u>	MONTHS <u>1</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min. <u>140</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance agent</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Commonwealth Casualty Co.</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation..... <u>2 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>William Bradley Sr.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Cora H. Story</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>David Bradley</u> (ADDRESS) <u>1630 Central, Wash. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton Cem.</u> DATE <u>1/16 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Wootton Co.</u>				
20. FILED <u>1/14 1932</u> <u>SR Wagg</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Jan 13 1932</u>
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.	
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>12</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Automobile accident</u> Date of onset <u>on street on killing</u> <u>this occupant</u> <u>Quata Highway # 71. No right lights or drinking, excessive</u> Other contributory causes of importance: <u>Speed</u>	
Name of operation	<u>SW</u> 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: <u>(5)</u>	
Manner of injury	_____
Nature of injury	_____
24. Was disease or injury in any way related to occupation of deceased? _____	
If so, specify _____ (Signed) <u>H. L. Nyberg Coroner Clay Co Mo.</u> M. D. (Address) <u>Liberty, Clay Co Mo.</u>	

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