

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

Do not use this space.

32499

1. PLACE OF DEATH

County Jackson
Township Harris
City Kansas City (No. 2409 M^o Co.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. 4020 Ward

2. FULL NAME

John Henry Bradley
(a) Residence, No. 2409 M^o Co. St. 3 Ward.

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine L.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1889.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42, 11, 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. 113

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville, Mo.

13. NAME Carol Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Mary Frances Thomason (ADDRESS) 4347 Montz

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE Oct 29, 1932

19. UNDERTAKER Eglar Funeral Home (ADDRESS) 1800 Linwood

20. FILED 10/28/32 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1932 Wednes

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset _____

730

97

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Stalley M. Hall, M. D.
(Address) _____

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.

