

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

Do not use this space.

38247

1. PLACE OF DEATH
 3 County Adairson Registration District No. 19
 2 Township Clear Primary Registration District No. 4013
 2 City Rock Port (No.) St. Ward
 2. FULL NAME Jocann Clare Bradley
 (a) Residence No. St. Ward
 (Usual place of abode)
 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.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29 - 32
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 17

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

9. BIRTHPLACE (CITY OR TOWN) Rock Port Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Ralph Bradley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
 (STATE OR COUNTRY) Kansas
 12. MAIDEN NAME OF MOTHER Hollie Underwood
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1
 (STATE OR COUNTRY) Rock Port Mo

14. INFORMANT Ralph Bradley
 (Address) Rock Port Mo

15. FILED 12-16-32 Mary Chamberlain
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1932
 17. 13 I HEREBY CERTIFY, That I attended deceased from 12 to one 16 1932
 that I last saw h. alive on Dec 16, 1932, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Flu, Teething
Toxemia
 11B
 107B
 CONTRIBUTORY (SECONDARY) 11B
 (duration) yrs. mos. da.
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? 8 DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W.C. Chamberlain, M. D.
216, 19 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Flam Wood Cemetery DATE OF BURIAL Dec. 18 1932
 20. UNDERTAKER St. Portman Rock Port Mo ADDRESS

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.

JAN 21 1933

