

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

Do not use this space.

27570

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 5033
 City St. Charles No. 2208 Ward 3

File No. _____

Registered No. 1135

St. _____ Ward _____

2. FULL NAME

David Bradford
 (a) Residence, No. 2208 Charlack Ave Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Bradford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 6, 1859</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>1</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plasterer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7th, 1933

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 1:35 Pm.

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

Chr. Myocarditis; Chr. Arterio-sclerosis; Cerebral endarteritis; senile dementia.

Date of onset about 2yrs.

Other contributory causes of importance:
Uremia --- Uremia Comp.

Name of operation _____ 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.

Manner of injury _____
 Nature of injury _____

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

(Signed) John C. Turner M. D.
 (Address) 3718 Juniper St., St. Louis, Mo.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	13. NAME <u>William Bradford</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Unknown Brown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Mary Bradford</u> <u>2208 Charlack Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Val Hope Cem.</u> DATE <u>Aug. 9, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Drehmann Parval</u> <u>1905 Union Blvd</u>	
20. FILED <u>8/8/33</u> <u>Wells Gray - M.D.</u> Registrar	

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.

SEP 26 1933

no. 100

v-4

100

1

100