

MAY 25 1934

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

Do not use this space

15454

1. PLACE OF DEATH
County Woodbury Registration District No. 840
Township Russell Creek Primary Registration District No. 6102
City (No. _____) St. _____ Ward _____

2. FULL NAME Agnes Bradley
(a) Residence, No. Bradley St. _____ Ward _____
(Usual place of abode) (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about - 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none with children

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

FATHER
13. NAME George Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER
15. MAIDEN NAME Mary Ann Roubly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Geo. Carter
(ADDRESS) Bradley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bradley DATE _____, 19____

19. UNDERTAKER J. E. Hutchins
(ADDRESS) Bradley, Mo

20. FILED April 24, 1934 E. L. Hope
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934 April 9, 1934
I last saw her alive on April 6th, 1934 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
dropsy of heart + Malacced. Date of onset _____

Other contributory causes of importance:
38

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) V. L. Breathour _____, M. D.
(Address) Bradley Mo

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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11-12-13
15-16-17

25-26-27

28-29

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