

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

Do not use this space.

MAY 14 1936

15339

24157

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 10 20
 City Kansas City (No. 2139) Summer St. _____ Ward _____

2. FULL NAME

Emma Bradley
 (a) Residence, No. 2139 Summer St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF William H. Bradley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 80

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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 (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) Ohio

MOTHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Helen Hunter Daughter (ADDRESS) Wallas, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE Apr 20 1936

19. UNDERTAKER Daniels Bros (ADDRESS) 644 Thomas Ave Kansas City Mo

20. FILED 4-18 1936 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1936
 22. I HEREBY CERTIFY, That I attended deceased from Mar 11 1935, to April 17 1936
 I last saw him alive on April 16 1936. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Emphysema Senile
Endarteritis
 Date of onset Mar 11 1936
 Other contributory causes of importance: None Known

Name of operation _____ Date of _____
 What test confirmed diagnosis? Usual Was there an autopsy? no

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? no
 If so, specify Ward H Leonard M. D.
 (Signed) 3232 Summit St (Address)

All 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.

