

Cur. APR 23 1937

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

Do not use this space.

13029

1. PLACE OF DEATH

County Pike Registration District No. 659
Township Rockport Primary Registration District No. 3033
City Louisiana (No. Pike Co Hospital)

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

2. FULL NAME

(a) Residence, No. Rockport, Illinois - St. _____ Ward. Rockport Ill
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John Bradley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1907
7. AGE YEARS 30 MONTHS 1 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Feb - 1937 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

13. NAME Monroe Quate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

15. MAIDEN NAME Sylvia Stanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

17. INFORMANT John Bradley (husband) (ADDRESS) Rockport, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport DATE 3/8 1937

19. UNDERTAKER (ADDRESS) Rockport, Ill.

20. FILED 25 1937 Rockport Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1937, to 3-5, 1937.
I last saw h. & n. alive on 3-5, 1937. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

pelvic peritonitis
bilateral salpingitis
ectopic ovum
Other contributory causes of importance:
Post partum hemorrhage
infection
Date of onset _____

Name of operation hysterectomy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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 trauma
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) John Bradley, M. D.
(Address) Rockport, Ill.

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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