

JUL 28 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Grundy Registration District No. 328
Township Trenton Primary Registration District No. 2017
City Trenton (No. Wright Memorial Hosp) St. _____ Ward _____

2. FULL NAME Marie Janet Bradley
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 23791
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19th 1934</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>7</u>
		DAYS
		<u>11</u>
		If LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) (STATE OR COUNTRY) <u>Trenton Missouri</u>		
FATHER	13. NAME <u>Glenn O. Bradley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co. Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary L. Reid</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Trenton Missouri</u>	
17. INFORMANT (ADDRESS) <u>Glenn O. Bradley Trenton, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion Cemetery</u> DATE <u>July 2nd 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Bern. C. Davis # 13216 Trenton, Missouri</u>		
20. FILED <u>6-30-37</u> <u>James H. Jar</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th 1937

22. I HEREBY CERTIFY That I attended deceased from June 30, 1937, to June 30, 1937
First saw her alive on June 30, 1937 Death is said to have occurred on the date stated above, at 5:05 m.
The principal cause of death and related causes of importance were as follows:
Head Injury - skull fractured - (base) Injured about 4th P.M. died at 5:05 P.M. (Date of onset)

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? several Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 20, 1937
Where did injury occur? Trenton Mo. 6th St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Public Place - Selling Station
Manner of injury Truck backed over child
Nature of injury Head Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. A. Duffly, M. D.
(Address) Trenton Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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