

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.

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

Do not use this space.

AUG 11 1937

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. 72 Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 26413
Registered No. 2126
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1007 Bales St., _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>69</u>	<u>22</u>	<u>3</u>	<u>8</u>	

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

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) Mich

13. NAME John Bradbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ny

15. MAIDEN NAME Martha Pruet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL CREMATION OR REMOVAL PLACE Floral Hills Cem. July-31-37

19. UNDERTAKER (ADDRESS) Quick - Relief - Co. 20 W. Broadway, A.C. MO

20. FILED July 26, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-37

22. I HEREBY CERTIFY, That I attended deceased from 7-5-37 to 7-25-37

I last saw him live on 7-25-37, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Prostatic abscess;
Ascending Pyelonephritis;
Gonorrhea Urethritis
Other contributory causes of importance: 137

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. F. De Maria, M. D.
(Address) 722 Kansas City Gen Hosp

