

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

Do not use this space.

SEP 10 1937

721
1008

28991

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Hamer Phillips Hospital) (Ward)

File No.....
Registered No. 7624

2. FULL NAME

Charles H. Bradford
(a) Residence, No. 2724 Washington 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|-----------|----------|----------|----------|----------------------------------|
| <u>51</u> | <u>—</u> | <u>—</u> | <u>3</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

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) Aug 9 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MO

13. NAME John Bradford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

15. MAIDEN NAME Nancy Doydy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Jack Missouri

17. INFORMANT (ADDRESS) Belle Bradford
2724 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Musik - St. L. Co. DATE Aug 15 1937

19. UNDERTAKER (ADDRESS) A. L. BEAL UND CO
2726 LUCAS AVE

20. FILED Aug 19 1937 Registrar J. P. Bedeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:
Fracture of 2nd Cervical Vertebrae as result of a collision between a Ford Coupe, driven by deceased, Charles Bradford, and Buick Sedan, Driven by one Flint Lloyd at the intersection of Glasgow and Gamble streets about 3:18 P.M., August 9, 1937. Accident.

Other contributory causes of importance:

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? Accident Date of injury 8/9, 1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? NO.
If so, specify.....

(Signed) Joseph M. Zeman, M.D.

(Address) 1024 1/2 E. 12th St. St. Louis

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.

721

OCCUPATION
FATHER
MOTHER

