

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Sandywood
City Blodgett Mo (No.)

Registration District No. 815
Primary Registration District No. 4491

File No. 38927
Registered No.
St. Ward

2. FULL NAME

John Henry Bradley
(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 24 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Gallatin Tennessee
Sumner County

13. NAME Jacob Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Tennessee

15. MAIDEN NAME Kanay Cron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Tennessee

17. INFORMANT (ADDRESS) W. F. Bradley
Blodgett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blodgett Mo DATE 11-13 1937

19. UNDERTAKER (ADDRESS) John F. Munnich
Blodgett Mo.

20. FILED 11/15 1937 Munnich
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-12 to 11-12, 1937

I last saw him alive on 11-11, 1937 Death is said

to have occurred on the date stated above, at 2:20 am.

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

Thrombosis of
coronary artery

Date of onset

Other contributory causes of importance: arteriosclerosis

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? 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) W. F. Bradley, M. D.

(Address) Blodgett Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1

2

2

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