

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

Do not use this space.

3
1

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. State Hosp #2)

Registration District No. 85
Primary Registration District No. 1001

File No. 2104
Registered No. 85
St. _____ Ward _____

2. FULL NAME

Gertrude Bradford (No. 631)

(a) Residence, No. Kansas City Mo. St. Ward. Kans City Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Frank H. Bradford</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u> | | |
| 7. AGE YEARS <u>about 42</u> | MONTHS | DAYS |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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 |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938
22. I HEREBY CERTIFY That I attended deceased from Aug 6th 1937, to Jan 21 1938
I last saw her alive on Jan 20 1938. Death is said to have occurred on the date stated above, at 5:15 A. M.

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

Chronic Myocarditis

Date of onset
?

Other contributory causes of importance:
Manic Depressive Psychosis

1935

Name of operation none Date of _____
Was there an autopsy? yes

23. If death is due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
Specify whether it 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? No
If so, specify _____
(Signed) R. Kullman _____ M. D.
(Address) State Hosp. no 2

| | |
|--|--|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u> |
| | 13. NAME <u>unknown</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> |
| | 15. MAIDEN NAME <u>unknown</u> |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> |
| | 17. INFORMANT (ADDRESS) <u>Hospital Records, St. Joseph, Missouri</u> |
| UNDERTAKER | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Hosp #2</u> DATE <u>1/26</u> 19 <u>38</u> |
| | 19. UNDERTAKER (ADDRESS) <u>C. R. Suding, 627 South 11th St.</u> |
| 20. FILED <u>Jan. 26, 1938</u> <u>H. J. Nestlebusch</u> Registrar. | |

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MO. STATE BOARD OF HEALTH

(Address) State Hosp. no 2

