

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

2/1
3237
Do not use this space.

1. PLACE OF DEATH
 (a) County Jacksonette Co Registration District No. 454
 (b) Township Middleton Primary Registration District No. 5620A Registered No. 2
 (c) City Blackburn (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jephtha D Bradley, 634
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1895
 7. AGE YEARS 43 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nightwatch
 9. Industry or business in which work was done, as 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) Blackburn Mo

FATHER 13. NAME Edwin R Bradley

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

MOTHER 15. MAIDEN NAME Anna Margaret Brink

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

17. INFORMANT (ADDRESS) Mrs Anna M Bradley Blackburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Mo DATE 2/1/38

19. FUNERAL DIRECTOR (ADDRESS) Tracy Mcintosh Blackburn Mo

20. FILED 2/4 1938 Mrs Edith McClure Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1-38, 1938, to 2-1-, 1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Fractured skull
Broken neck
Coroner caught
Turned automobile over while driving
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 2-1, 1938
 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 Turned car over
 Nature of injury fractured neck + skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Edwin Brink Coroner M. D. 4
Edith McClure

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.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, C. G. Meinershagen, Licensed Embalmer No. 1095

hereby certify that the body recorded on the reverse side of this certificate was embalmed by C. G. Meinershagen

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

C. G. Meinershagen

Licensed Embalmer No. 1095

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)