DEC 2 APR 21 1938

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

Do not use this space.

File No. 11430

Registered No. 69

1. PLACE OF DEATH

County: Marion — Registration District No. 547

Township: Marion — Primary Registration District No. 3019

City: Hannibal (No. Lovening Hospital St. Ward)

2. FULL NAME: Charles W. Bradshaw L 32

(a) Residence, No. Hull Del St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

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. 28. 1938

7. AGE: Years — Months: 1 — Days: 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Hull Del

FATHER

13. NAME: Thomas L. Bradshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kinderhook Del

MOTHER

15. MAIDEN NAME: Goldie Shepherd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hull Del

17. INFORMANT (ADDRESS): Mr. Thomas Bradshaw Hull Del

18. BURIAL, CREMATION, OR REMOVAL PLACE: Kinderhook Del DATE: March 3rd, 1938

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo

20. FILED: 3/1, 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 to Mch 1st, 1938

I last saw him alive on Mch 1st, 1938. Death is said to have occurred on the date stated above, at 10 30 a.m.

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

	Date of onset
Intra Cranial Pressure	2/28/38
Cause not determined	
Suspected Hemorhagic	
Diathesis	
DIATHESIS -	

Other contributory causes of importance:

Malaria — 38

Name of operation: NO Date of

What test confirmed diagnosis: Clinical Laboratory Was there an autopsy? NO

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? NO

If so, specify

(Signed) H. C. Fultzman, M. D.

(Address) Hannibal Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD