

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.

Dr. Gillham
REC'D MAY 11 1938

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

Do not use this space.

14420

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____, Central Hotel St. 2 Ward) _____

2. FULL NAME Andrew Wilson Bradshaw
(a) Residence, No. Central Hotel St. 2 Ward. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byrd Bradshaw
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-1-1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 5 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. II
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Zenia, Ills (STATE OR COUNTRY) _____

13. NAME Frank Bradshaw

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

15. MAIDEN NAME Margaret Curry

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

17. INFORMANT Mrs. A. W. Bradshaw (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon, Mo. DATE Apr-27--- 19. 38

19. UNDERTAKER Thos. J. Gordon (ADDRESS) 212 1/2 N. 1st St. Wm

20. FILED 4/26/38 1938 Sub Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1927, to 4-26, 1938
I last saw him alive on 4-25, 1938 Death is said to have occurred on the date stated above, at 1200 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset _____
Cerebral hemorrhage 11-26-27
Chronic Endocarditis _____
Bronchopneumonia 4-21-38
Other contributory causes of importance: 92 hr

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? _____ 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) D. Gillham, M. D.
(Address) Jefferson City, Mo.

