REC'D JUL 17 1938

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

Do not use this space.

21639

File No.

Registered No. 56

1. PLACE OF DEATH
County CLAY
Township LIBERTY
City (No. , St. Ward)

Registration District No. 201
Primary Registration District No. 5280

2. FULL NAME ELMER T. BRADLEY
(a) Residence, No. 320 N. 8th. St., Kansas City, Kan. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II/24/80.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Appraiser for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.O.L.C. K.C.K.
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) Johnson Co. Mo. 0

FATHER
13. NAME J.C. Bradley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER
15. MAIDEN NAME Emma Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Edwina Bradley
(ADDRESS) 320 N. 8th. Kansas City Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood K.C. Mo. DATE 7/1/38, 19

19. UNDERTAKER Hessel - Carder
(ADDRESS) Liberty, Mo.

20. FILED 6/30/38., 19 E T Brant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found 6/28/38.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
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:

	Date of onset
Found in Missouri river	
at Missouri City, Mo.	
Drowned.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Family Records Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Doubtful Date of injury ....., 19.....
Where did injury occur? Doubtful
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. E. Young M.D.
(Address) Liberty Clay County Mo.

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