

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.

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

Do not use this space.

44540

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township Corndelet Primary Registration District No. 290
City Hack (No. Hackings) St. _____ Ward _____

File No. _____
Registered No. 2157
St. _____ Ward _____

2. FULL NAME

1034 Bradley, Annie

(a) Residence, No. 1014 70. 13th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 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) ?

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 (?)

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

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) Texas

FATHER 13. NAME Henry Bradley

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

MOTHER 15. MAIDEN NAME Eliza Smith

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

17. INFORMANT (ADDRESS) Hack Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan. 3 1939

19. UNDERTAKER (ADDRESS) Samuel Jones
3426 Delmar

20. FILED JAN - 3 1939 G. K. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1938, to 12/29, 1938

I last saw h. or alive on 12/29, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Pulmonary Tuberculosis

Date of onset Sept. 1936

Other contributory causes of importance:

(1) Pulmonary Hemorrhage due to Tuberculosis 12/29/38
(2) Empyema left

Name of operation Pneumothorax left Date of 3/3/37
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) Samuel Jones M. D.
(Address) Hack, Mo.

411.

