REC'D FEB 9 1939

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

2045
Do not use this space.

26
3
5

1. PLACE OF DEATH

(a) County Cole — Registration District No. 213

(b) Township — Primary Registration District No. 3014 — Registered No. 12

(c) or City Jefferson — (d) Street No. St. Marys Hospital St.
(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.

631

2. PRINT FULL NAME Robert Oscar Bradford

(a) Residence, No. Russellville, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Jessie Florence Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20th, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) High Point Missouri. 0

FATHER
13. NAME Tom Bradford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record 9

MOTHER
15. MAIDEN NAME Elma Johnston 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Mrs. Florence Bradford Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. DATE Jan. 16th, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. N. Steffens Russellville, Mo.

20. FILED 1/16/1939 [signature] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14th, 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-7/39, 19.., to 1/14/39, 19..
I last saw him alive on 1/6/39, 19.. Death is said to have occurred on the date stated above, at 8-30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance: 2 2

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum 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) [signature], M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Roy O. Steffens, Registered Apprentice No. ..... working under my personal supervision.

Signed Roy O. Steffens

Licensed Embalmer No. 4022

P. O. Address Russellville, A

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

If this body is not embalmed, above space should be left blank.