

1930 JUL 10 1930

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

21248
Do not use this space.

2511

Registered No. _____

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Warrens City (d) Street No. 509 W. 13th
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 509 West 13th St. 7
 (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 Male 4. COLOR OR RACE Wh 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) Mar 24 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 2 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.
 9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.
 10. Date deceased last worked at this occupation (month and year) June 17
 11. Total time (years) spent in this occupation 6 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County, Mo.

FATHER 13. NAME Charles R. Bradbury
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County, Mo.

MOTHER 15. MAIDEN NAME Rosie Timberlake
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County, Mo.

17. INFORMANT (ADDRESS) L. F. Ralston, Platt City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platt City DATE June 21 1930

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. Ralston, Platt City, Mo.

20. FILED 21 19 39 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-39 19

22. I HEREBY CERTIFY that I attended deceased from _____, 19____
 I last saw him/her alive _____, 19____. Death is said to have occurred on the date stated above, at 12:15 m.
 The principal cause of death and related causes of importance were as follows:

Gunshot wounds of the chest and abdomen

Other contributory causes of importance: 170

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 6-18-39
 Where did injury occur? K. C. Mo.
 Specify whether injury occurred on industry, in home, or in public place.

Manner of injury Shot
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. H. C. Crome M. D.
 (Address) 211 W. 13th St. Platt City, 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.

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,

Jimmy Hutchison

....., or by

Registered Apprentice No. *134*, working under my personal supervision.

Signed *Carroll Davidson*

Licensed Embalmer No. *1686*

P. O. Address *3024 West 8th St*

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

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

By Jimmy Hutchison