

1939 JUL 13 1939

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

21416  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13  
(b) Township Nodaway Primary Registration District No. 5016 Registered No. 36  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 10 11

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

13. NAME un known  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

15. MAIDEN NAME un known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

17. INFORMANT (ADDRESS) Evert Bradford R.B.P.S. St. Joseph mo

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE June 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. C. Breit Savannah mo

20. FILED June 14 1939 Mrs. Jennie Pash Local Registrar. 934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1939

22. I HEREBY CERTIFY That I attended deceased from June 6 1939 to June 12 1939  
I last saw him alive on June 11 1939 Death is said to have occurred on the date stated above, at 11:40 A.M.

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

Industrial asphyxiation Date of onset 2-1-39

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis thyroid 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? .....  
If so, specify ..... (Signed) P. M. Kelley M. D.

(Address) Savannah 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.

RECEIVED

District Health Officer No. 11;

District File

739-843

Date Filed

JUL 12 1938

**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, .....

*E. C. Breit*

or by .....

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

Signed

*E. C. Breit*

Licensed Embalmer No.

2650

P. O. Address

*Savannah mo*

**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.**