

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

29124
Do not use this space.

REC'D SEP 12 1939

1. PLACE OF DEATH **GREENE**
 (a) County **GREENE** Registration District No. **318**
 (b) Township **SPRINGFIELD** Primary Registration District No. **2001** Registered No. **604**
 (c) City **SPRINGFIELD** (d) Street No. **St. Johns Hospital** St.
 (If death occurred in Hospital or Institution, with 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.
 2. PRINT FULL NAME **Harold Dean Bradley**
 (a) Residence, No. **555 W. Central** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 2, 1939**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
✓ 0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) **Springfield Mo.**

FATHER 13. NAME **Lester Bradley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Springfield Mo.**

MOTHER 15. MAIDEN NAME **Marie Cornstock**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Stratford, Mo.**

17. INFORMANT (ADDRESS) **Lester Bradley 555 W. Central**

18. BURIAL OR CREMATION PLACE DATE **Aug. 3 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Thigme 505 W. Central**

20. FILED **Aug 2 1939** **Chas. A. George** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 2, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **Aug 2, 1939** to **Aug 2, 1939**
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **4 A.M.**
 The principal cause of death and related causes of importance were as follows:

Still Born Date of onset **8/2/39**

Other contributory causes of importance: **Probably of cord.**
 Name of operation **None** Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) **W. T. Claback**, M. D.
 _____ (Address) **Springfield, Mo.**

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

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