50718

STATE OF ILLINOIS ORIGINAL
HENRY HORNER, GOVERNOR
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 224 (Consecutive No.)

1. PLACE OF DEATH.
County of Williamson
Registration Dist. No. 939
Bedford 8-2 (*Village *Township *City *Road Dist.) Primary Dist. No. 8049
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and Number, No. ..... St., ... Ward, ... Hospital.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? 42 yrs. ..... mos. ..... ds.

1a. PLACE OF RESIDENCE: (Usual place of abode) STATE Illinois County Williamson Township ..... Road Dist. 8-2
City or Village Herrin Street and Number .....

2. FULL NAME Dallas Bradshaw 46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta Bradshaw
6. DATE OF BIRTH (month, day, and year): Nov. 23 1895
7. AGE: Years 44 Months 0 Days 18 IF LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
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) Wolf Creek Ill.
(State or country)

FATHER
13. NAME George W. Bradshaw
14. BIRTHPLACE (city or town) .....
(State or country) Ill.

MOTHER
15. MAIDEN NAME Zadie Mann
16. BIRTHPLACE (city or town) .....
(State or country) Ill.

17. INFORMANT Delph L. Bradshaw
(personal signature with pen and ink)
P. O. Address Herrin, Ill.

18. PLACE OF BURIAL, Cremation or Removal
Cemetery City
19. DATE Dec. 13, 1939
Location Herrin
(Township, Road Dist., Village or City)
County Williamson State Ill.

20. UNDERTAKER Albert G. Otomo
(personal signature with pen and ink)
(firm name, if any)
ADDRESS Herrin, Ill.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Dec. 14, 1937
I last saw him alive on Dec 10 1939; death is said to have occurred on the date stated above, at 5:30 P.M.
*The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Arm	5-39

Other contributory causes of importance:

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

23. Was an operation performed? Yes Date of July 15 1939
For what disease or injury? Enlarged Cirrus carcinoma ?
Was there an autopsy? no
What test confirmed diagnosis? none

24. If a communicable disease; where contracted? .....
Was disease in any way related to occupation of deceased? no
If so, specify how: .....
(Signed) W R Gardiner M. D.
Address Herrin, Ill.
Date Dec. 12, 1939 Telephone 8371

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed 12-12, 1939 Chas W Campbell Registrar.
P. O. Address Herrin Ill.

Has decedent ever served in military or naval service of U. S.? No