

STATE OF MICHIGAN

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NOV 1929

No. _____

Date

MICHIGAN DEPARTMENT OF HEALTH

City *Hillsdale*No. *Railroad*

FULL NAME

Judson L. Bradley

PERSONAL AND STATISTICAL PARTICULARS

MILITARY SERVICE OF DEATH

1 SEX *Male* 2 COLOR OR RACE *White* 3 MARRIAGE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

4 DATE OF DEATH *Oct. 26* 19*29*
 (Month) (Day) (Year)

5 DATE OF BIRTH *March 6* 18*82*
 (Month) (Day) (Year)

6 I HEREBY CERTIFY, That I attended deceased from *Oct. 21* 19*29* to *Oct 26* 19*29* that I last saw him on *Oct 21* 19*29* and that death occurred on the date stated above at *12⁰⁰* The CAUSE OF DEATH was as follows:

7 AGE *68* - *7* - *21*
 (Years) (Months) (Days)

8 OCCUPATION
 (a) Trade, profession or particular kind of work *Carpenter*
 (b) General nature of industry, business or establishment in which employed (or employer)

Chronic Interstitial Myocarditis

9 PLACE OF BIRTH (State or country) *Hillsdale Mich*

10 Cause of Death (Anatomical) *120*
Chronic Interstitial Myocarditis

11 NAME OF FATHER *John Bradley*

11 Cause of Death (Medical) *120*
Chronic Interstitial Myocarditis

12 PLACE OF BIRTH OF FATHER *New York State*

13 MARRIAGE NAME OF MOTHER *Mary Hargrave*

14 PLACE OF BIRTH OF MOTHER (State or country) *New York State*

15 SIGNATURE OF DECEASED (Write name of individual) *Mr. J. L. Bradley*

16 ADDRESS (Street) *40 Railroad St. Hillsdale*

17 DATE OF DEATH *Oct 27* 19*29* *Mary Hargrave*

12 Cause of Death (Medical) *120*
Chronic Interstitial Myocarditis

13 MARRIAGE NAME OF MOTHER *Mary Hargrave*

14 PLACE OF BIRTH OF MOTHER (State or country) *New York State*

15 SIGNATURE OF DECEASED (Write name of individual) *Mr. J. L. Bradley*

16 ADDRESS (Street) *40 Railroad St. Hillsdale Mich*