

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City..... (No.....).....

Registration District No. 744
Primary Registration District No. 597613

File No. 14504-a
Registered No. 61
St. Word.....

2. FULL NAME Peter R. Rader

(a) Residence. No. St. Word.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3/17/1867</u>		
7. AGE	YEARS	MONTHS
<u>61</u>	<u>I</u>	<u>5</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

10. NAME OF FATHER George C. Rader

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Kate Mason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Bud. Rader
(Address) Richmond Mo. R.F.D.

15. FILED July 10, 1928 R. L. Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/22/28 1928

17. I HEREBY CERTIFY That I attended deceased from 4-22-28, 1928 to 10:20, 1928, and that I last saw h. alive on 10:20 P. and that death occurred, on the date stated above, at 10:20 P.m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS:
Fractured Skull & Internal Hemorrhages due to being suddenly beaten in a fight
1928 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1911 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Allen Mann coroner, M-D
Subj. 1928 (Address) Richmond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSED, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>City Cem.</u>	DATE OF BURIAL <u>4/24/28</u>
20. UNDERTAKER <u>Allen Mann</u>	ADDRESS <u>Richmond</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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.

14504-a

