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

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.

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

Do not use this space.

MAY 25 1936

16546

File No. 3

Registered No.

1. PLACE OF DEATH

County: Ray — Registration District No.: 740

Township: Crooked River — Primary Registration District No.:

City: (No. St. Ward)

2. FULL NAME: Rhoda Jane Radey.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John. H. Rader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13, 1845

7. AGE: Years 90 — Months 10 — Days 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

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) (STATE OR COUNTRY): Ray Co. Mo.

FATHER

13. NAME: Daniel Stratton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Elizabeth Lowe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Ida Rader, Richmond RF.D 4.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Wakesdowler — DATE: April 20, 1936

19. UNDERTAKER (ADDRESS): Geo. W. Kupschik, Hardin Mo.

20. FILED: April 19, 1936 — R. L. Williams — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Apr. 19, 1936

I last saw h. alive on Apr. 18, 1936. Death is said to have occurred on the date stated above, at 8 A. m.

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

Hypostatic Pneumonia — Date of onset: Apr 12

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Other contributory causes of importance: Arterial Sclerosis

Name of operation: — Date of:

What test confirmed diagnosis? Clinical — 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): Dr. E. Q. Kerr M.D.

(Address): Richmond, Mo.