

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.

Jul 27 1935

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

Do not use this space.

21808

1. PLACE OF DEATH

County Saline
Township State
City State (No. _____)

Registration District No. 799
Primary Registration District No. H479

File No. _____
Registered No. 19 St. _____ Ward)

2. FULL NAME

Presley Andrew Rader

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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 <u>male</u>	4. COLOR OF RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-2-1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	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) <u>Jefferson City Mo</u>		
FATHER	13. NAME <u>William Marshall Rader</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Coffell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Mrs Simon Dennis</u> (ADDRESS) <u>State Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunkard Cemetery</u> DATE <u>June 13 1935</u>		
19. UNDERTAKER <u>Jones & Sibley</u> (ADDRESS) <u>State Mo</u>		
20. FILED <u>6-12 1935</u> <u>W. M. Tuttle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1935

22. I HEREBY CERTIFY That I attended deceased from July 12 1935 to June 12 1935

I last saw him alive on May 10 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset 1 yr.

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) John P. Shaver, M. D.
(Address) Jefferson City Mo

