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

Do not use this space.

6068

1. PLACE OF DEATH

County: Franklin — Registration District No.: 97

Township: Washington — Primary Registration District No.: 16

City: Washington (No. ..... St. ..... Ward)

File No. .....

Registered No. 19

2. FULL NAME Alverine Prudelle Radican

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

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Negro	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oney Radican

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28, 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	26	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dundee
(STATE OR COUNTRY) Franklin Co. Missouri

PARENTS

10. NAME OF FATHER Samuel Shack Briggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Franklin Co. Missouri

12. MAIDEN NAME OF MOTHER Geneva Snell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dundee
(STATE OR COUNTRY) Franklin Co. Missouri

14. INFORMANT Samuel S. Briggs
(Address) Dundee, Mo.

15. Feb. 18, 1929 O. L. Mmsch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1929, to Feb. 17, 1929 that I last saw h. Mr. alive on Feb. 17, 1929, and that death occurred, on the date stated above, at 5:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Throat g. m. to lower into left lung. Int. hyperplasia and clinical (Homicidal)
1 7 2 (duration) yrs. 2½ mos.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. L. Mmsch, M. D.

Feb. 18, 1929 (Address) Washington Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Nortmann Cemetery New Haven, Mo.	Feb. 19, 1929
20. UNDERTAKER	**ADDRESS**
Otto & Co.	Washington, Mo.

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.

MAR 21 1929

235