

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

Do not use this space.

39207

1. PLACE OF DEATH

County.....*St. Louis*
Township.....*W*
City.....*W*

Registration District No.....**791**
Primary Registration District No.....*10003*
(No. *39133* of *St. Louis*)

File No.....
Registered No.....**11692**
St..... Ward.....

2. FULL NAME

(a) Residence. No. *Murphysboro* St. *24* Ward. *Murphysboro Ill*
(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 <i>M.</i> | 4. COLOR OR RACE <i>W</i> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Martha Raddle.</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Nov 19 - 1861</i> | | |
| 7. AGE | YEARS <i>68</i> | MONTHS <i>0</i> |
| | DAYS <i>10</i> | If LESS than 1 day, Hrs. or min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....*Retired Farmer*
(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)

Murphysboro Ill

PARENTS

10. NAME OF FATHER *Frank Raddle*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
12. MAIDEN NAME OF MOTHER *"*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Martha Raddle*
(Address) *Murphysboro Ill.*
15. FILED *NOV 30 1929*
19 *W. C. Stark*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11-29-1929*
17. I HEREBY CERTIFY, That I attended deceased from *11-24*, 19*29*, to *11-29*, 19*29* that I last saw *him* alive on *11-28*, 19*29*, and that death occurred, on the date stated above, at *6 P.M.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis + Pericarditis
BIA
993 (duration) yrs. mos. *3* ds.
CONTRIBUTORY (SECONDARY) *Phonetic nephrosis*
Senile Dementia (duration) yrs. mos. *6* ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Edward G. Steegle*, M. D.
11/29, 1929 (Address) *1901 Madison*
*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 *Catholic Cem. Murphysboro Ill.* DATE OF BURIAL *Dec 2 1929*
20. UNDERTAKER *Brunhells* ADDRESS *Murphysboro Ill.*

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.

Room 1.0