

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

Do not use this space.

21593

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 3008  
 City Kansas City (No. 2834 Madison) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2728

**2. FULL NAME** Samuel Park Trader

(a) Residence No. 2834 Madison St. 7 Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**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 <u>Mrs. Anna Trader</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 2 1846</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>6</u>	<u>19</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Retired</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Stationary Engineer</u>				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Moses Trader

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Alma Trader  
 (Address) 2834 Madison

15. FILED 6/22/31 M. M. Brown  
 1931 REGISTRAR ant

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1931  
 17. \_\_\_\_\_

HEREBY CERTIFY, That I attended deceased from July 1-1929  
~~to June 19~~ 1929 to June 19-1931 1931  
 that I last saw him alive on June 19 1931, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
131  
131 (duration) ? yrs. mos. ds.  
 CONTRIBUTORY Chronic Endocarditis  
 (SECONDARY) Intestinal (duration) ? yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic & general  
 (Signed) B. T. Volz M. D.  
122, 1931 (Address) 3365 E 12th St. J.C. 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 Lineus, Missouri  
 DATE OF BURIAL 6/23/31

20. UNDERTAKER Quirk & Tobin -- 20 West Linwood  
 ADDRESS \_\_\_\_\_

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.

THIS IS A PERMANENT RECORD

