

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

Do not use this space.

**31133**

**1. PLACE OF DEATH**

County Howell  
Township  
City Willow Springs (No. ....)

Registration District No. 385  
Primary Registration District No. 5576  
4228

File No. ....  
Registered No. 32  
St. .... Ward)

**2. FULL NAME**

Mrs. Eliza Jane 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
85 | 7 | 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(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) Colke County, Tenn.

10. NAME OF FATHER Thomas F. Ottinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Pedro Rader  
(Address) Willow Springs, Mo.

15. FILED 9/28-31 1931 J. B. Ferguson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-27 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-8, 1931, to 9-27, 1931 that I last saw him alive on Apr 6-7, 1931, and that death occurred, on the date stated above, at 46 B m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer stomach  
46 B  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da. 6

18. WHERE WAS DISEASE CONTRACTED At place of death  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) J. E. Davis, M. D.

(Address) Willow Springs 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 Nease Cemetery DATE OF BURIAL 9/29-1931

20. UNDERTAKER J. R. Burns ADDRESS Willow Springs Mo

K. E.—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.

OCT 23 1931

