

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

Do not use this space.

29351
3525

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township West Primary Registration District No. _____
City K. C. Mo. (No. 3602, Benton Blvd. St. _____ Ward _____)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Margaret L. Rader
(a) Residence, No. 3602 Benton Blvd. St. 16 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 Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1847

7. AGE YEARS 85 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) West Virginia

13. NAME Jas. Loudgester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Fannie Bright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

17. INFORMANT (ADDRESS) Mrs. Fannie C. Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Govgill, Mo. DATE Sept-18-1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED 9/17 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1932

22. I HEREBY CERTIFY That I attended deceased from Sept 2 1932, to Sept 17 1932

I last saw her alive on Sept 15 1932. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Cerebral Hemorrhage
Sept 17 1932

Other contributory causes of importance:
Chronic Nephritis
Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? Labatory 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) Carroll Stonegan, M. D.
(Address) 220 Assaye Bldg

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Argyle: Vi - 4960

3608 Paseo Lo-1022