

NOV 16 1934

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

Do not use this space.

35332

## 1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Paplar Bluff (No. 1)

File No.

Registered No. 218

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Raymond LeRoy McFadden(a) Residence, No. 1346 N. Main St. Paplar Bluff Mo  
(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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 29-1934

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 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)

St Louis Mo

## OCCUPATION

FATHER

## 13. NAME

Raymond McFadden

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iran Mo

## MOTHER

## 15. MAIDEN NAME

Wanda Fudge

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Morehouse Mo

## 17. INFORMANT (ADDRESS)

Raymond McFadden  
346 N. Main St. Paplar Bluff Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Sikeston MoDATE Oct 8 1934

## 19. UNDERTAKER (ADDRESS)

Dr. J. Phelps  
Paplar Bluff Mo

## 20. FILED 10-18-1934

W. B. Bailey  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 8 1934 to Oct 9 1934I last saw him alive on Oct 9 1934 Death is saidto have occurred on the date stated above, at 12:20 a.m.

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

119B

Date of onset

DiarrhoeaOct 1  
1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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? no

If so, specify

(Signed) J. H. Stuberno(Address) Paplar Bluff 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.

