

SEP 25 1938

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

Do not use this space.

26342 ✓

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 5554City Independence (No. Independence)File No. _____
Registered No. 276 St. _____ Ward _____2. FULL NAME William Niram Radley(a) Residence, No. 2445 Glenwood St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 43 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

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElla Radley

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

Oct 17, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.531014

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

Carpenter

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.

one year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Columbus, Kansas

13. NAME

Robert F. Radley

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

Illinois

15. MAIDEN NAME

Cynthia Benson

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

Indiana

17. INFORMANT

(ADDRESS)

Mrs. Ella Radley
2445 Glenwood & avoy

18. BURIAL, CREMATION, OR REMOVAL

PLACED

Joseph Mo DATE Sept 23

19. UNDERTAKER

(ADDRESS)

Carson Funeral Home Inc. 711 W. Lexington, Independence, Mo.

20. FILED

9-3-38

19

38

38

38

38

38

38

38

38

38

38

38

38

38

38

38

38

38

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1938, to Aug 29, 1938I last saw him alive on 29th of Aug, 1938. Death is saidto have occurred on the date stated above, at 4:20 A.M.

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

Cirrhosis Atrophic

Date of onset

Other contributory causes of importance:

Probably due to a Cancerous ConditionName of operation no Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) Charles E. Coates, M. D.(Address) 204 Bradford Bldg
Hammond, Ind.

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.

MAY 19 1948