

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.

DEC 30 1936

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

Do not use this space.

9223-1

1. PLACE OF DEATH

County Bollinger

Registration District No. 1127

File No.

Township Lange

Primary Registration District No. 1127

Registered No.

City near Glen Allen (No.)

St. Ward)

2. FULL NAME

William Crader

(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 50 yrs. mos. ✓ ds. ✓ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

married

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

Married

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

12-6-1861

7. AGE

YEARS

MONTHS

DAYS

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

74

74

2

30

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.

Farmer & Carpenter

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)

Bol. Co., Mo

13. NAME

Henry Crader

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

North Carolina

15. MAIDEN NAME

Rachel Rhodes

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

North Carolina

17. INFORMANT (ADDRESS)

Lydia A. Crader, Mrs

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glen Allen

DATE 19

19. UNDERTAKER (ADDRESS)

A. J. Baker, Sillsville, Mo

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3. 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 1936, to ✓, 1936

I last saw h. ✓ alive on ✓, 1936. Death is said

to have occurred on the date stated above, at 8:30 P.m.

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

Valvular heart disease
Verdict of coroner

Date of onset

Other contributory causes of importance: Ad

Name of operation

Date of

What test confirmed diagnosis? Ad Was there an autopsy? Ad

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

Accident, suicide, or homicide? Ad Date of injury Ad, 1936

Where did injury occur? Ad (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) J. H. Van Amburgh, M. D.

(Address) Sillsville, Mo

