FEB 25 1937

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

Do not use this space.

1228

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 10021 — Registered No. 19
City Kansas City Mo. (No. Wesley Hospital St. Ward)

2. FULL NAME Joseph Rader
(a) Residence, No. St., Ward. Richmond, 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) Don't Know
7. AGE YEARS 30 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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
10. Date deceased last worked at this occupation (month and year) Adapted when Sent
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

FATHER
13. NAME John M. Rader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

MOTHER
15. MAIDEN NAME Minnie Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Record Clerk Wesley Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove DATE January 6, 1937
19. UNDERTAKER (ADDRESS) J. W. Mansur Richmond Missouri
20. FILED Jan 3, 1937 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 3, 1937
I last saw him alive on Jan 3, 1937. Death is said to have occurred on the date stated above, at 1.32 P.m.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction operated on 5th day of Illness — Date of onset
Other contributory causes of importance: Gangrene of Appendix
Name of operation Laparotomy Date of Jan 1st
What test confirmed diagnosis? 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) J. F. Mackey, M. D.
(Address) Proffessional Bldg. K.C. 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.