

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

Do not use this space.

APR 26 1937

1. PLACE OF DEATH

County St. Clair
Township Jackson
City (No. _____) _____

Registration District No. 4037
Primary Registration District No. 6012

File No. 13237
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Milton G Rader

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. (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) _____

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armanda Rader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>3</u>	<u>4</u>		

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

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) Near Lowry City Mo
St. Clair Co Mo

13. NAME Robert Rader

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given

15. MAIDEN NAME Not Given

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given

17. INFORMANT (ADDRESS) Wincif Case
Lowry City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Trights Creek Cemetery DATE 3/10, 1937

19. UNDERTAKER (ADDRESS) H. C. Guston
Lowry City Mo

20. FILED 47, 1937 Mrs W J Handson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1937, to Mar 7, 1937
I last saw him alive on Mar 7, 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Influenza
1182

Date of onset _____

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? _____

If so, specify _____ (Signed) C. J. Stratton, M. D.
Lowry City, Mo (Address)

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

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.

