

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
33 County Deer Registration District No. 266
Towship Spring Creek Primary Registration District No. 5-370
City No. St. Ward

2. FULL NAME Albert Radford

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

File No. 16216
Registered No. 28

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>6</u>	<u>10</u>	

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

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) Groa Co Mo

FATHER 13. NAME James Radford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

MOTHER 15. MAIDEN NAME W.K.I.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.K.I.

17. INFORMANT M. B. Radford (ADDRESS) Salisbury, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Groa Co Mo DATE Apr. 16 1937

19. UNDERTAKER Norman Lick (ADDRESS) Bedmont Mo

20. FILED Apr. 16 1937 W. B. Rudel, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30 1937 to Apr 14 1937

I last saw him alive on Apr 14 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Secondary
Arteriosclerosis
Secondary

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) J. O. Fick M. D.
(Address) Salisbury Mo

