

JAN 19 1938

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

45725
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 417
 (b) Township Webb City Primary Registration District No. 3021 Registered No. 112
 (c) City Webb City (d) Street No. 1102 WEST FIRST St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HAROLD TRADT,
 (a) Residence, No. 1102 N. 1st St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 2, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 11 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHILD
 9. Industry or business in which work was done, as 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) WEBB CITY, MO.

FATHER
 13. NAME Robert Kauff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Hanna Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Robert Kauff, Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butterville Cem DATE Dec 4, 1937

19. FUNERAL DIRECTOR (ADDRESS) Webb City, Ind Co. Webb City, Mo.

20. FILED 11-4-37 19 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 3, 1937
 I last saw him alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Branchial Pneumonia
He was 7 yrs old and weighed about 20 pounds.
 Date of onset

Other contributory causes of importance:
Invalid all his life

Name of operation 107 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) Wm H. Butler, M. D.
 (Address) 116 1/2 N. Main Webb City Mo

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.

1 X12004
 20M-7-30-37
 V. S. 2.

STATEMENT BY LICENSED EMBALMER

I, A. J. Niles, Licensed Embalmer No. 347

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clayton Houston

No. 392 L. E. ~~William~~

or by ~~347~~, Registered Apprentice No. 39,32

working under my personal supervision.

Signed A. J. Niles

Licensed Embalmer No. 347

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)