

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

Do not use this space.

1. PLACE OF DEATH  
 108 County Vernon Registration District No. 875  
 22 Township ..... Primary Registration District No. 3039  
 2 City Nevada (No. ....) St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME Gustave Valentine Radke 320  
 (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. 4437  
 Registered No. 34

**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 Anna B. Radke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 11 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Plumber  
 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) Missouri

MOTHER FATHER  
 13. NAME G. W. Radke  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 15. MAIDEN NAME Elizabeth Brutcher  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Anna B. Radke (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Jan. 31 1938

19. UNDERTAKER Allen & Hays (ADDRESS) Nevada, Mo.

20. FILED Feb. 4 1938 Allen & Hays Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 19... to Jan. 29 1938 19...  
 I last saw him alive on Jan. 29 1938 Death is said to have occurred on the date stated above, at 7:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumococcus  
leukemia  
 Date of onset 1935

Other contributory causes of importance: None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Laboratory 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? No  
 If so, specify .....  
 (Signed) CR. King M. D.  
 (Address) Nevada, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH