

OCT 6 1938

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

Do not use this space.

32339

1. PLACE OF DEATH

County Howell
Township
City Willow Springs, Mo

Registration District No. 380
Primary Registration District No. 4228

File No.
Registered No.
St. Ward)

2. FULL NAME Lee Radford

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

Length of residence in city or town where death occurred 62 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-1938

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
HUSBAND OF
(OR) WIFE OF Clara Radford

22. I HEREBY CERTIFY, That I attended deceased from 2-16-38, 1938, to 9-20-, 1938

I last saw him alive on 7-20-, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1868

to have occurred on the date stated above, at 7:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 --- 12

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

Carcinoma of face Date of onset 1937

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

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

Other contributory causes of importance:

Syphilis

12. BIRTHPLACE (CITY OR TOWN) Buffalo, Missouri
(STATE OR COUNTRY)

13. NAME John C. Radford

Name of operation Chinoid Date of

14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

What test confirmed diagnosis? Kober Was there an autopsy? No

15. MAIDEN NAME Sarah Davis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT W. A. Radford
(ADDRESS) Willow Springs, Mo

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury

PLACE Pine Grove, Mo, DATE Sept. 22, 1938

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Burns & Son
(ADDRESS) Willow Springs, Mo

If so, specify

20. FILED 9-22, 1938 Danella Willow Springs, Mo
Registrar

(Signed) D. L. L. L., M. D.

(Address) Willow Springs, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

52

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32389
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 985-
 (b) Township Willow Spring Primary Registration District No. 4228 Registered No.
 (c) City Willow Spring (d) Street No.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Lee Radford 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1868

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - 17

Carcinoma of face
Carcinoma of left side of face 1cm. anterior to left ear
 Date of onset 1937

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

Other contributory causes of importance: Syphilis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of

FATHER 13. NAME

What test confirmed diagnosis? Clinical Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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)

MOTHER 15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury
 Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? No

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

If so, specify (Signed) C. J. Calligan, M. D.

19. FUNERAL DIRECTOR (ADDRESS)

(Address) Willow Spring mo

20. FILED 19 Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

S-32339