

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No. 32406  
 Township Blue Prairie Primary Registration District No. 5553B Registered No. 199  
 City Jackson County Hospital (No.         ) St.          Ward         

2. FULL NAME

(a) Residence, No. Jackson Co. Hosp. Ward. Brain Valley Mo.  
 (Usual place of abode)  
 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19        

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

I last saw h..... alive on....., 19..... Death is said

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

to have occurred on the date stated above, at 10:55 a.m.

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

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

Date of onset

Shot self through head with a 38 revolver

Other contributory causes of importance: 16

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

Name of operation none Date of.....

FATHER 13. NAME James M. Rader

What test confirmed diagnosis? Physical Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Sept. 13, 1938

MOTHER 15. MAIDEN NAME Elizabeth J. Wilsonburg

Where did injury occur? Brain Valley Mo. (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS) Wing Rader  
Central Hill Mo.

Manner of injury shot self

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Mo DATE 9-14 1938

Nature of injury Bullet hole through head

19. UNDERTAKER (ADDRESS) J. J. J. J.  
Oak Hill Mo.

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

20. FILED Sept 16, 1938 William J. Fields Registrar.

If so, specify.....

(Signed) A. J. Swaney, M. D.

(Address) Deputy Coroner

Lees Summit, Mo.

