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

Do not use this space.

25185

1. PLACE OF DEATH
County Livingston — Registration District No. 511 — File No. 6
Township Fairview — Primary Registration District No. 5680 — Registered No. 6
City Hale, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Arthur W. Radabaugh
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7-1882

7. AGE: Years 47 — Months 10 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~Hon Radabaugh~~
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Hon Radabaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Do not know
12. MAIDEN NAME OF MOTHER Jane Woody
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Do not know

14. INFORMANT Mrs Arthur Radabaugh
(Address) Hale Mo

15. FILED July 31 1929 Mrs. Chas. Ludwig
REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-31 1929

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1929, to July 28, 1929, that I last saw him alive on 7-28-1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
1080
101A
(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis
(duration) 2000 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) Wesley Barney M. D
8/1 1929 (Address) Chillicothe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: McKim Cemetery — DATE OF BURIAL: Aug 1 1929

20. UNDERTAKER: Frank E Slater — ADDRESS: Hale 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.

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