

MAY 27 1930

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

Do not use this space.

13393

1. PLACE OF DEATH

County Monroe Registration District No. 582
Township Jackson Primary Registration District No. 5779
City (No.) St. Ward)

File No.
Registered No. 20
St. Ward)

2. FULL NAME

Thomas Radigan **RADIGAN**

(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 negro 5. SINGLE, MARRIED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 60

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER N.K.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.K.

12. MAIDEN NAME OF MOTHER N.K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N.K.

14. INFORMANT Mattie Radigan
(Address) Paris, Mo.

15. FILED 4/21 30 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21st 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., to 19....., and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Poisoned to death in house that was destroyed by fire. (was a coroner case)
1930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 23

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) Russell M. Hilton Coroner
4/21 1930 (Address) Monroe City Mo

*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 DATE OF BURIAL
Walnut Grove 4/22 1930

20. UNDERTAKER ADDRESS
Speed & Blakely Paris, 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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