SEP 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 1001 — File No. 31998
Township: — Primary Registration District No. — Registered No. 1043
City: St. Joseph (No. Mo. Meth Hosp. St. Ward)

2. FULL NAME: August Radziwill
(a) Residence, No. R. F. D. No 7 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 24- 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	84	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employer
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNK nown Germany

FATHER
13. NAME: UNK nown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNK nown Germany

MOTHER
15. MAIDEN NAME: UNK nown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNK nown Germany

17. INFORMANT (ADDRESS): Mrs. Chas. Scholitz R F D No 7

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Denver Colo. DATE: 9-10- 1934

19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc. St. Joseph, Mo.

20. FILED ... 19 ... John R Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept-8, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ Sept. 7, 1934, to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.10a m.
The principal cause of death and related causes of importance were as follows:
Fractured Skull
fell down stairway
(accidental)
1860

Date of onset

Other contributory causes of importance:
Fell down stairways

Name of operation: none Date of ...
What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/6, 1934
Where did injury occur? St Joseph (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury: Fell down stairs
Nature of injury: Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: Forrest Thomas Coroner
(Signed) ..., MPD.
(Address) 731 Faaron

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33