

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

1941
Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004 Registered No. 3
 (c) City Butler (d) Street No. Butler Memorial Hospital St. _____
 (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 Tony Rady 300
 (a) Residence, No. Worland, Bates Co. Mo. 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

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF abt 1883
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 55 yrs.
 7. AGE YEARS 53 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Business or business in which work was done, as saw mill, bank, etc. _____
 10. Date last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1 1938
 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 6 P. m.
 The principal cause of death and related causes of importance were as follows:

Gunshot Wound of Rt Knee
Fracture Rt Lower Jaw
Several Fractures of Lt Hand and Left Fingers
Cerebral Concussion
 Other contributory causes of importance:
Numerous Lacerations & Contusions of Head & Body
Shock
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 13. NAME Don't know Rady
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MOTHER'S NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Red Whentley Sheriff Bates Co Butler mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan 4 1938
 19. FUNERAL DIRECTOR (ADDRESS) ob ulvers Butler mo.
 20. FILED Jan 4 1937 Nina L Culver Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, falling from tree, Date of injury Jan 1 1938
 Where did injury occur? Worland, Bates Co. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Home
 Manner of injury following a slight
 Nature of injury See cause of death
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Robert Smith, U.D. M. D.
 (Address) Crown, Bates Co. Mo.
Rich Hill, 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. Deaths should be properly classified. Exact statement of OCCUPATION is very important.

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