

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

Do not use this space.

27297

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City US Vet. Administration Hospital, Jefferson Brks., Mo. St. _____ Ward _____

2. FULL NAME Joseph A. Radford

(a) Residence, No. 2830 Lafayette Ave., St. Louis, Mo. Ward. St. Louis, Mo.
(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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 36 3 21

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Street Car Conductor 103
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co.
10. Date deceased last worked at this occupation (month and year) abt. 8 yrs. ago. 11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville, Missouri.

13. NAME Elijah D. Radford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri.

15. MAIDEN NAME Mary McGlothlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri.

17. INFORMANT C. H. SMITH, M.D., Clinical Director
(ADDRESS) Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Catholic DATE Aug 16 1932

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 7814 So. Broadway

20. FILE Aug 14 1932 L. C. Clark, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1932, to August 14, 1932

I last saw him alive on August 14, 1932. Death is said to have occurred on the date stated above, at 6:30 PM.

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

Pneumonia, lobar Date of onset Unk.
100 108
Other contributory causes of importance: Paralysis Agitans (Parkinson's Disease) Unk.

Name of operation Clinical, physical, and laboratory Date of ---
What test confirmed diagnosis? --- findings --- Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify C. H. SMITH, M.D., Acting Medical Officer in Charge, M. D.
(Signed) ---
(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

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.

SEP 27 1932

