

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.

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

Do not use this space.

✓ 30903

1. PLACE OF DEATH *York Raps*
 County *Madison* Registration District No. *259* File No. _____
 Township *Madison* Primary Registration District No. *4158* Registered No. _____
 City *Marionville* (No. _____) St. _____ Ward _____

2. FULL NAME *Charles Bird Redding*
 (a) Residence, No. *Union Star* St., _____ Ward. *7th*
 (Usual place of abode) _____
 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*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 14 - 1874*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>52</i>	<i>17</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farm labor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Witcha Falls Texas*

13. NAME *Wm. S. Redding*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Centerville Mo.*

15. MAIDEN NAME *Mary Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Centerville Mo.*

17. INFORMANT *Frank Redding* (ADDRESS) *Marionville Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Sept. 18, 1931*

19. UNDERTAKER (ADDRESS) *H. Williams King City Mo.*

20. FILED *Sept 17, 1931* *J. J. O'Keefe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 16, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *9-16-31* to *9-16-31*, to *9-16-31*, to *9-16-31*. Death is said to have occurred on the date stated above, at *9:20 a.m.* The principal cause of death and related causes of importance were as follows:
Cardio-nephritis
95B 95B
 Other contributory causes of importance: _____

Name of operation: _____ Date of _____
 (What test confirmed diagnosis? _____ Was there an autopsy? _____)

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 _____
 (Signed) *Glenn Johnson*, M. D.
 (Address) *Marionville, Mo.*

Date of onset
May 1931

