

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

Do not use this space.

13518

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 791
Primary Registration District No. 1903

File No.....
Registered No. 3851
St. Ward)

2. FULL NAME Agella Redman

(a) Residence. No. 2113 Carr St. St. 21 Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1st 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 20

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Clint Redman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rossville
(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Maegis Pickens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pickens
(STATE OR COUNTRY) Ark

14. INFORMANT Clint Redman
(Address) 2113 Carr St

15. FILED APR 22 1927 Mar 6 Stairs off
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 20th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1927, to April 20, 1927, that I last saw her alive on April 20, 1927, and that death occurred, on the date stated above at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptom

(Signed) S. J. Walthall, M. D.

, 19 (Address) 7001 N. Jefferson

*State the DISEASE CAUSING DEATH, or in terms 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

Greenwood Cemetery 4-22 1927

20. UNDERTAKER ADDRESS

Dement & Walton 2700 Wash

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.

