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

Do not use this space.

36885

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Raw — Primary Registration District No.: 1002

City: Kansas City (No. General Hospital St. Ward)

2. FULL NAME: William Eugene Redmon

(a) Residence. No. 3015 Chelsea St., Ward.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 13, 1925

7. AGE: Years 2 | Months 11 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Joseph Wm.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Ina Lona Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

14. INFORMANT: J.W. Redmon
(Address): 3015 Chelsea

15. FILED: 12/13, 1927 M.M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1927 to Dec. 13, 1927, that I last saw h. alive on 12/12 —, 1927, and that death occurred, on the date stated above, at 4:15 A.m. 12-13-27

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis tuberculous
2 wks
32 wks (duration) 8 mos. 13 ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Leroy Lillard M.D.
12/13, 1927 (Address) 1022 Argyle Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Moriah | DATE OF BURIAL: 12/15 1927

20. UNDERTAKER: R.W. Lindsey & Sons | ADDRESS: City

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.