

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

Do not use this space.

21533

1. PLACE OF DEATH *Polk*
 County *Polk* Registration District No. *741*
 Township *Campbell* Primary Registration District No. *5935*
 City (No.) St. Ward

2. FULL NAME *Maria Theresa Redhair*
 (a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *f* **4. COLOR OR RACE** *w* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (*write the word*) *widowed*

6. IF MARRIED, WIDOWED, OR DIVORCED
 - HUSBAND OF (OR) WIFE OF *Peter Redhair*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 27-1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *74 10 13*

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Housework*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Daldwell Co Mo*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Sam'l Rogers*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *unknown*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *don't know*
 (STATE OR COUNTRY)

14. INFORMANT *Edgar Redhair*
 (Address) *Dunnigan*

15. FILED *Sept 28 1928* *J. G. Roberts*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 10 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 9*, 19*28*, to *June 30*, 19*28*, that I last saw him alive on *June 10*, 19*28* and that death occurred, on the date stated above, at *11:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11:30 acute indigestion & impaction of bowels
 (duration) yrs. mos. da. *1*

CONTRIBUTORY (SECONDARY) *11/10*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS *clinical*
 (Signed) *R. Reunis*, M. D.
June 13, 1928 (Address) *Hermanville Mo*

*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 *Plum Grove* **DATE OF BURIAL** *June 14 1928*

20. UNDERTAKER *J. A. Joseph* **ADDRESS** *Dunnigan 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, so that it may be properly classified. Exact statement of OCCUPATION is very important.

