

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **City Hospital** **1008**
 City **St. Francis** No. **City Hospital** Ward

File No. **25769**
 Registered No. **7590**
 St. _____ Ward)

2. FULL NAME

Posy Redwood (Col)
 (a) Residence. No. **4472 apt 12 (Card Ok)** Ward **11**
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred **9** 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 col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unknown**

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
act 34		9	0	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **21 AM Fabrics 3 B**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Certain Feed Co.**
 (c) Name of employer **Certain Feed Co.**

9. BIRTHPLACE (CITY OR TOWN) **Paris**
 (STATE OR COUNTRY) **Tenn**
10. NAME OF FATHER **Lindsey Redwood**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **not known**
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Nanice Todd**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Paris**
 (STATE OR COUNTRY) **Tenn**

14. INFORMANT **Willa Redwood**
 (Address) **4472 apt 12 4472 City**
15. FILED **41 23**
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 20 19 28**
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Neuroshock Shock following traumatic laceration of the arm when run over by auto truck in throw
 CONTRIBUTORY (SECONDARY) **accident**
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **accident**
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? **1880** DATE OF _____
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **D. J. [unclear]**, M. D.
 (Address) **Conover**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Paris Tenn** **DATE OF BURIAL** **7/25 19 28**
20. UNDERTAKER **Peoples Funeral Home** **ADDRESS** **3100 Franklin**

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

