

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

Do not use this space.

32595

1. PLACE OF DEATH

County North Registration District No. 903
 Township Union Primary Registration District No. 6212
 City Grant City (No. _____) St. _____ (Ward _____)

File No. _____
 Registered No. 19

2. FULL NAME

Mary Pauline Redden
 (a) Residence No. at home St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 9 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 28

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

9. BIRTHPLACE (CITY OR TOWN) Darlington
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER J.C. Redden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stamps
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lillie Dymally

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North
 (STATE OR COUNTRY) Mo

14. INFORMANT J.C. Redden
 (Address) Grant City Mo.

15. FILED 99 25 19 28 John Andrews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 19 28

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Sept 8, 1928 that I last saw her alive on Sept 6, 1928, and that death occurred, on the date stated above, at 2 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
119A (duration) yrs. _____ mos. 14 ds.
 CONTRIBUTORY (SECONDARY) 113A (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? Chemical
 (Signed) J.K. Phipps, M. D.
1928 (Address) Grant City 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 Jennings Cemetery DATE OF BURIAL Sept 9 1928

20. UNDERTAKER Arch C. Dangle ADDRESS Grant City
7110.

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.

1928

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