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

Do not use this space.

254

File No. 8
Registered No. 11

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph (No. Missouri Methodist Home St. St. Ward)

2. FULL NAME: William Albert Redinger

(a) Residence. No. ... St. ... Ward. Ridgeway, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 31. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	1	

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

9. BIRTHPLACE (CITY OR TOWN): Harrison Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Ford Redinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Hannah Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Indiana

14. INFORMANT: Mrs. Etta Redinger
(Address): Ridgeway, Mo.

15. FILED: JAN 3 1929 19 ... John T. Jet, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 2. 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1929 to Jan. 2 1929 that I last saw him alive on Jan. 2, 1929, and that death occurred, on the date stated above, at 10:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Strangulated right Inguinal hernia with Gangrene of Small intestine & Complete Intestinal Obstruction (duration) yrs. mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ridgeway, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan. 2. 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation and Clinical Symptoms
(Signed) Carl Potter, M. D.
Jan. 2, 1928 (Address) 921 Faraon

*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: Ridgeway, Mo. — DATE OF BURIAL: Jan. 5 1929

20. UNDERTAKER: Heston-Bilsale & Baumm — ADDRESS: 319 N. 10 St.

by Dr. Frank — Funeral Home

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.