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

Do not use this space.

7463

1. PLACE OF DEATH

County: Osage
Township:
City: Freeburg Mo (No. ..... St. ..... Ward)

Registration District No. 1124
Primary Registration District No. 5851 a

File No. 3
Registered No. 3

2. FULL NAME Henry Reedroff

(a) Residence. No. Freeburg 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) Nov 11-1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	3	13	

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

9. BIRTHPLACE (CITY OR TOWN) Freeburg
(STATE OR COUNTRY) Osage Co Mo

PARENTS

10. NAME OF FATHER Geo Reedroff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rich Fountain
(STATE OR COUNTRY) Osage Co. Mo
12. MAIDEN NAME OF MOTHER Elizabeth Mengwasser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rich Fountain
(STATE OR COUNTRY) Osage Co Mo

14. INFORMANT Joseph Reedroff
(Address) Freeburg Mo

15. FILED March 1929 Wm. H. Buechler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 21, 1929, to Feby 24, 1929 that I last saw him alive on February 24, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
95B
92A
1046 (duration) yrs. mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

8 DID AN OPERATION PRECEDE DEATH? DATE OF ✓

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. L. A. Buechler, M. D
, 19 (Address) Freeburg 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: Catholic Cemetery Freeburg
DATE OF BURIAL: Feb 26 1929

20. UNDERTAKER: Phil Wagenau
ADDRESS: Freeburg Mo

TOLSON DRUG COMPANY

PHONE 606 — DRUG STORE ON THE CORNER — PHONE 702

℞ Apoplexy - History. A Nephritic. heart complication since Infancy - Contracted Influenza - following Infection of the Sinus - Hence diagnosis. Hemorrhage of brain Varified by Dr. S. Bedford - J. C. Mo

Dr Jos. L. A. Puechler
Freeburg. Mo

April 9 - 29 -

S(2)-7463
Feb. 24, 1929

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Daviess — Registration District No.: 1124 — File No.: 3

Township: Washington — Primary Registration District No.: 2851 e — Registered No.: 3

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Henry Redroff

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	15	3	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Attending School

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Geo. Redroff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Elizabeth Wade

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Ky

14. INFORMANT Joseph Redroff
(Address) Fineburg Mo

15. FILED 3-10, 1929 Mrs. M. Buechler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1929 to Feb 24 1929, that I last saw him alive on Feb 24 1929, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

Cerebral Edema

Influenza Lungs profound Nerve Involving

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hemorrhage of Brain

(duration) ..... yrs. ..... mos. ..... ds.

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? —

(Signed) L. G. Buechler, M. D.

, 19 (Address) Fineburg 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 Catholic Cemetery — DATE OF BURIAL Feb 26 1929

20. UNDERTAKER Paul Norman — ADDRESS Fineburg Mo

SUPPLEMENTARY

S(2)-7463