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

Do not use this space.

32976

1. PLACE OF DEATH
County Boone
Township Columbia
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 257

2. FULL NAME Marcus E. Redmond
(a) Residence. No. 414 Duncan 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APR 7th 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	6	7	

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) Boone Co
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James B. Redmond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington Co Penn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Fannie Redmond
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co
(STATE OR COUNTRY)

14. INFORMANT Hartley T. Richardson
(Address)

15. FILED 10.29 1929 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1929, to Oct 27, 1929 that I last saw him alive on Oct 27th, 1929, and that death occurred, on the date stated above, at 9.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis (Lung)
23A
..... (duration) ..... yrs. 2 mos. 22 ds.

CONTRIBUTORY (SECONDARY) .....
..... (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) G. A. Bradford, M. D.
, 19 (Address) Columbia 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	DATE OF BURIAL
Nebo Cemetary	Oct 29 1929
20. UNDERTAKER R. O. Willett	ADDRESS Columbia

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD