

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.

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

Do not use this space.

15394

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph

(No. Missouri Methodist Hospital)

File No. _____

Registered No. 616

St. _____ Ward)

2. FULL NAME

Lila B. Redding

(a) Residence. No. 1303 Mitchell Ave. 1 St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Redding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>0</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clavis Co. Missouri

10. NAME OF FATHER Christopher Myers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Attamont Missouri

12. MAIDEN NAME OF MOTHER Florence S

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co Missouri

14. INFORMANT J. T. Redding
Address) 1303 Mitchell Ave. St Joseph Mo.

15. FILED 23 1990
John D. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY, That I attended deceased from January 1928 to May 20 1930 that I last saw her alive on May 20 1930, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

diabeticis mellitis
59

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown

(duration) _____ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. S. Gray M. D.

May 19, 1930 (Address) St Joseph 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 Brookfield Mo. via DATE OF BURIAL May 24 1930

20. UNDERTAKER Hector Beyle & Bowman ADDRESS 319 So. 10th St Joseph Mo.

Funeral Home

