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

Do not use this space.
33007

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township — Primary Registration District No. 4002 — Registered No. 4237

City Kansas City, Mo. (No. U. S. Veterans' Hospital St. Ward)

2. FULL NAME REDMAN, Newiel

(a) Residence. No. Maysville, Mo. 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. 6 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	33	3	~~22~~ 24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maysville, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John A. Redman

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital records.
(Address) U. S. Veterans8 Hospital

15. FILED 10/19 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from October 13, 1930, to October 19, 1930 that I last saw him alive on October 19, 1930, and that death occurred, on the date stated above, at 9:15 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, pulmonary, chronic, advanced.

23A (duration) 6 yrs. mos. ds. from history

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination Exray and Laboratory tests

(Signed) Starnes E. Walker, M. D.
, 19 (Address) Starnes E. Walker, O.D.

U. S. Veterans' Hospital, Kansas 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 Maysville, Mo. — DATE OF BURIAL 10/19/30

20. UNDERTAKER Freeman Mortuary — ADDRESS 4204 E. Baltimore Ave.