

WHITE PLAIN PAPER, 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.

NOV 28 1931

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

Do not use this space.

33717

1. PLACE OF DEATH

County.....Buchanan...... Registration District No. 85
Township.....St. Joseph..... Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital.)..... St. _____ Ward _____

File No. _____
Registered No. 1115

2. FULL NAME Nessie Margaret Redmond.

(a) Residence, No. 1223 Moss street St. _____ Ward _____
(Usual place of abode)

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. _____
(If nonresident, give city or town and State)

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 Dr. Thos. Redmond.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1874.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>10</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>own home.</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mayfair Ont.
(STATE OR COUNTRY) Canada.

13. NAME William Storey.

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Canada.

15. MAIDEN NAME Unknown Robinson.

16. BIRTHPLACE (CITY OR TOWN) Ont.
(STATE OR COUNTRY) Canada.

17. INFORMANT Dr. Thos. Redmond.
(ADDRESS) 1223 Moss st. - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE November 3, 1931

19. UNDERTAKER J. H. Schubert
(ADDRESS) 1802 Union st St Joseph Mo.

20. F. NOV 2 1931 John R. Bender M.D.
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931, to Oct 31, 1931
I last saw h. GT alive on Oct 30, 1931. Death is said to have occurred on the date stated above, at 2:10A.M.
The principal cause of death and related causes of importance were as follows:

Embolism cerebral
Embolism abdominal aorta
92A
92B
92W
Other contributory causes of importance: Rheumatic heart disease with auricular fibrillation
Pulmonary Regurg. + intramural thromb.

Date of onset Oct 28 31

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. H. Schubert, M. D.
(Address) St. Joseph Mo

Regurgitation

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