

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1630 Central)

Registration District No. 388
Primary Registration District No. 1002

File No. 1277
Registered No. 315
St. _____ Ward _____

2. FULL NAME Mrs. Bessie Lee Redmon

(a) Residence, No. 1630 Central, St. 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF B. F. Redmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER 13. NAME Nelson Wisner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

MOTHER 15. MAIDEN NAME Mary Kirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT (ADDRESS) B. F. Redmon
1630 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE January 27, 1932

19. UNDERTAKER W. H. Newcomb's Sons
(ADDRESS) 2111 E. 9th St.

20. FILED Jan 26 1932 M. M. Croome
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932, to Jan 25, 1932.
I last saw h. en. alive on Jan 23, 1932. Death is said to have occurred on the date stated above, at 3:22 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of left breast Date of onset Don't know

Other contributory causes of importance:
50

Name of operation Excision Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 _____ (D)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Ruford H. Colby, M. D.
(Address) 1810 Argyle Bldg.

Dr. Buford M. Stacy
810 Argyle Bldg
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