

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

Do not use this space.

4742

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Ambassador Hotel)

Registration District No. 5002
Primary Registration District No. 5002

File No. COI
Registered No. COI
St. _____ Ward _____

2. FULL NAME

Emma D. Redford
(a) Residence, No. Ambassador Hotel St. 5 Ward _____
(Usual place of abode)
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. (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 26, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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

MOTHER 13. NAME Joseph Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Rebecca Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo.

17. INFORMANT Fernie Vincent DeLoe
(ADDRESS) 506 Olive St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chilcote, Mo. DATE Feb'y - 13 - 1932

19. UNDERTAKER Stine & McCollins
(ADDRESS) 3235 Witham Plaza

20. FILED 2/15 1932 M. M. Crow ass't Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Feb 12, 1932
Last saw h. or alive on Feb 12, 1932 Death is said

to have occurred on the date stated above, at 10:22 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with mitral insufficiency Date of onset 1920

Other contributory causes of importance: Capillary

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) C. E. Merriam, M. D.
(Address) Reatto Bldg

WRITE PLAINLY, 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.

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