

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

Do not use this space.

**1. PLACE OF DEATH**

33 County Dent Registration District No. 266  
 1 Township ..... Primary Registration District No. 416X  
 2 City Salem, Mo (No. ....), ..... St. .... Ward)

File No. 7948  
 Registered No. 18

**2. FULL NAME**

Jackie Ray Redwine  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)  
single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
~~7~~ 11 11 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. .... infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer

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

**PARENTS**  
 10. NAME OF FATHER Guy Redwine  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Dent Co  
 (STATE OR COUNTRY) .....  
 12. MAIDEN NAME OF MOTHER Delma Lewis  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... Dent Co  
 (STATE OR COUNTRY) Mo

14. INFORMANT Mrs Guy Redwine  
 (Address) Salem Mo

15. FILED 3/30 1932 H. C. Ruddle, Jr. Mo  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1932  
 17. I HEREBY CERTIFY, That I attended deceased from March 3 ..... 1932, to March 30 ..... 1932, that I last saw him alive on March 28 ..... 1932, and that death occurred, on the date stated above, at 1:30 a .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Congenital heart disease in premature infant (2 months)  
15 7 1932 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 15 7 1932 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Salem Missouri

IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF —  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings  
 (Signed) H. E. Smith, M. D.

3/30 1932 (Address) Salem Missouri  
 \*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 Cedar Grove DATE OF BURIAL March 30 32

20. UNDERTAKER Carl K Spencer ADDRESS Salem Mo

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.  
 APR 8 6 1932

