

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

Do not use this space.

12514

File No. 1447
Registered No. _____
Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 308
Township Yreaw Primary Registration District No. 104
City Kansas City (No. Kansas City Genl Hosp)

2. FULL NAME

Matthew Redmond
(a) Residence, No. 2004 Montgale // Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1869
7. AGE YEARS 62 MONTHS 10 DAYS _____ If LESS than 1 day, hr. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Ireland

13. NAME Miles Redmond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Elizabeth Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Reverend Clerk, St. Mary's, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 4/6/31

19. UNDERTAKER (ADDRESS) W. J. O'Connell, 3756 Broadway
20. FILED 4/5 1931 M. M. Croche Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-8 1932 to 4-3 1932.
I last saw him alive on 4-3 1932. Death is said to have occurred on the date stated above, at 7:55 p.m.
The principal cause of death and related causes of importance were as follows:

Stomatitis Disease
Date of onset _____
① 720
Other contributory causes of importance: _____
7/2/13

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) P. G. Williams M. D.
(Address) Sub. K. C. Gen. Hosp. K. Mo
4-4-32

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

