

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

Do not use this space.

23221

1. PLACE OF DEATH

51 County Johnson Registration District No. H 30
 5 Township Patoka Primary Registration District No. 4256
 1 City Leeton (No. _____) St. _____ Ward _____

2. FULL NAME

Hemi F. Redford
 (a) Residence. No. Leeton, Mo. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. N. Redford
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1859
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
73 5 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warrensburg
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Sampson Adams
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Elizabeth Knight
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. N. D. Hunt
 (Address) Leeton, Mo.

15. July 17, 1932 O. B. Hoono
 REGISTRAR

AUG 24 1932

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1932
 17. I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to July 15, 1932, that I last saw her alive on July 15, 1932, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Uræmia
131
132 (duration) yrs. mos. 3 ds.
 CONTRIBUTORY Chronic Interstitial Nephritis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. F. Pave, M. D.
 , 19 (Address) Leeton, Mo.

*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 Providence Cemetery DATE OF BURIAL 7-17 1932

20. UNDERTAKER Jehan L. Malia ADDRESS Leeton

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.

