

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.

SEP 2 1934

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

Do not use this space.

25849

1. PLACE OF DEATH  
 35 County Dunklin Registration District No. 285  
 7 Township Independence Primary Registration District No. 4172  
 4 City Kennett (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Carrie Belle Redman  
 (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 Female 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) Dec-24-1917  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
14 8 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. in school  
 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) Kennett, Mo  
 13. NAME, Alva Redman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville, Mo  
 15. MAIDEN NAME Alva Nelson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Mo  
 17. INFORMANT Alva Redman (ADDRESS) Kennett, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Aug 30 32  
 19. UNDERTAKER Baldwin Wood Co (ADDRESS) Kennett, Mo  
 20. FILED Aug 30, 1932 W. H. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1932 to Aug 28, 1932  
 I last saw him alive on Aug 28, 1932 Death is said to have occurred on the date stated above, at 11:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid fever Date of onset Aug 5  
 Other contributory causes of importance: (D)  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) W. H. Miller, M. D.  
 (Address) Kennett, Mo

