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

Do not use this space.

35364

1. PLACE OF DEATH
39 County Greene — Registration District No. 317 — File No.
2 Township — Primary Registration District No. 4192 — Registered No.
6 City Republic Mo (No. ... St. ... Ward)

2. FULL NAME George H Redfearn

(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 32 yrs. mos. ds. How long in U.S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Lora Bell Redfearn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-16-1860

7. AGE: Years 72 — Months 8 — Days 26 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teacher and Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Bell Tel Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boris D'arc Mo

PARENTS
10. NAME OF FATHER: Joseph Redfearn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Lucy Bennett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

14. INFORMANT: Lazela Cunningham (Daughter)
(Address): Republic Mo

15. FILED 11/13, 1932 V. W. Shaver, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1919, to November 12, 1932, that I last saw ~~him~~ alive on November 10, 1932, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46 B Cancer of Stomach
8 D 46 B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Harmophlegia
(duration) 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at his Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) E L Beal, M.D
, 19 (Address) Republic 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: Yeakley Chapel — DATE OF BURIAL: 11/13 1932

20. UNDERTAKER: Redfearn & Hoyal — ADDRESS: Boris D'arc

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.