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.

JAN 24 1933

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

Do not use this space.

40281

1. PLACE OF DEATH

County Jasper — Registration District No. 416 — File No.

Township — Primary Registration District No. 4248 — Registered No.

City Sarcoxie (No. , St. Ward)

49 10 6

2. FULL NAME Clarary Jane Redman

(a) Residence, No. (Usual place of abode) St. Ward. (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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Redman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Dec 5, 1932

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia 2

FATHER

13. NAME Jesse Justus 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Jane Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Hugh H. Steele RFD 6 Box 262, TULSA, OKLA

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sarcoxie Cem. DATE 12/14 1932

19. UNDERTAKER (ADDRESS) F. A. Engelage Sarcoxie Mo.

20. FILED Dec 14 1932 Lim Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1932, to Dec. 12, 1932

I last saw her alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12-7-32

Other contributory causes of importance:

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) J. W. Boyd, M. D.

(Address) Sarcoxie Mo.