

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

Do not use this space.

1. PLACE OF DEATH

78 County Boonville
1 Township Boonville
6 City Boonville (No. _____)

Registration District No. 653
Primary Registration District No. 4390

File No. 40966
Registered No. 136
St. _____ Ward _____

2. FULL NAME

Samuel Edward 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 26 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State employee ¹⁸⁶

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ice auto business Dept

10. Date deceased last worked at this occupation (month and year) 12-18-32 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

13. NAME Samuel Edward Redman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

15. MAIDEN NAME Esther Weaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

17. INFORMANT Col. J. H. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE 12-17-32

19. UNDERTAKER Ray Undertaking Co (ADDRESS) Boonville, Mo.

20. FILED 12-16-32 J. H. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1932 to 12-15-1932

I last saw him alive on 12-14-1932 Death is said to have occurred on the date stated above, at 8 P. M.

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

Influenza
IB
IB
Other contributory causes of importance:
12/10/32

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? Yes

If so, specify Warrin Smith, M. D.
(Signed) Holland 240
(Address)

AN 27 1932

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.

