

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

Do not use this space.

1464

1. PLACE OF DEATH

County Jackson
Township Lewis
City Elmo

Registration District No. 399

Primary Registration District No. 70024

File No.

Registered No. 194

St. Ward)

2. FULL NAME

(a) Residence, No. 2303 Silver Ave. St. Kansas City, Kansas
(Usual place of abode)

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (H) OR WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27 1931</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>3</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>1632 So 12 Kansas City, Kansas</u>		
FATHER	13. NAME <u>William Redwine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wathena, Kansas</u>	
MOTHER	15. MAIDEN NAME <u>Francis Hinton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>William Redwine</u> (ADDRESS) <u>2303 Silver Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Cem</u> DATE <u>Jan 12 1933</u>		
19. UNDERTAKER <u>Summons Tom</u> (ADDRESS) <u>2712 Silver Ave.</u>		
20. FILED <u>Jan 12 1933</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1932, to 1-11 1933
I last saw him alive on 1-11 1933 Death is said to have occurred on the date stated above, at 3:30 AM.
The principal cause of death and related causes of importance were as follows:
Boneho pneumonia
Primary
107A
Other contributory causes of importance: 107A

(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?
If so, specify Chas Eldridge M. D.
(Signed) K. E. McAdams
(Address) K. E. McAdams

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.

