

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

Do not use this space.

9240

1. PLACE OF DEATH

39. County Greene Registration District No. 620
Township Center Primary Registration District No. 5443
City ✓ (No. _____) St. _____ Ward _____

File No. 7
Registered No. _____

2. FULL NAME

Marion Ann Redfeard
(a) Residence, No. Bois d'Arc, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. 5 mos. 11 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Usual
10. Date deceased last worked at this occupation (month and year) March 33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marionville Mo
(STATE OR COUNTRY) Mo

13. NAME Thomas Adams

14. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Octavia J. Covey

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Arkansas

17. INFORMANT Mr. Harry Brooks
(ADDRESS) Spring Hill Mo

18. BURIAL, CREMATION OR REMOVAL
PLACE Yeakley DATE 2/8 1933

19. UNDERTAKER Robinson & Royal
(ADDRESS) Bois d'Arc Mo

20. FILED 2/6/1 1933 Lucy Hoyal
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1933
22. I HEREBY CERTIFY, That I attended deceased from 2-28- 1933 to 3-6- 1933
I last saw h. ex. alive on 3-6- 1933 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 3/27/33
Cardiac insufficiency 3/6/33
Other contributory causes of importance: 11 B
9.5 P

Name of operation none Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

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) B. J. Kinless M. D.
(Address) Bois d'Arc Mo

WHITE 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.

MAR 28 1933

