13-37

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

Do not use this space.

23053

File No. 2741

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City Mo (No. General Hospital St. Ward)

2. FULL NAME L. Redford — Found on 7701 State Line

(a) Residence, No. Warrensburg Mo St., Ward. (If nonresident, give city or town and State)
(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: 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: Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1865

7. AGE: YEARS 68 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Urich Mo.

FATHER

13. NAME: William W Redford

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

MOTHER

15. MAIDEN NAME: Mary Kearns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs T. Eveland Warrensburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Urich Mo. DATE 7-4 1933

19. UNDERTAKER (ADDRESS): O. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED July 1, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crown, 19

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at A. m.

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

Trauma by blunt force to head
Subarachnoid hemorrhage
Fracture of jaw

Date of onset

Other contributory causes of importance:
175B
82A

175

Name of operation no — Date of

What test confirmed diagnosis Autopsy — Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide — Date of injury 7/1/33
Where did injury occur? Not known
Specify whether injury occurred in industry, in home, or in public place. Picked up at 7701 State Line
Public place.
Manner of injury Beaten with blunt instrument
Nature of injury Contusions and lacerations

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M.D.

(Address) KCMO DEP. COR

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.