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

Do not use this space.

File No. 15901
Registered No. 11

1. PLACE OF DEATH
County: Butler
Township: Neely
City: (No. , St. Ward)
Registration District No. 88
Primary Registration District No. 5130

2. FULL NAME: Melvin Redding
(a) Residence, No. Neelyville Mo St., Ward.
(Usual place of abode) (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.

JUN 20 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): — — 1917
7. AGE: YEARS 17, Est; 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.: Cotton Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: sometime
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neelyville Missouri

FATHER
13. NAME: Albert Redding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Arkansas

MOTHER
15. MAIDEN NAME: Lena Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calythersville Missouri

17. INFORMANT (ADDRESS): Jenny Redding Neelyville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Neelyville DATE: May 4, 1934
19. UNDERTAKER (ADDRESS): Home Offended
20. FILED: May 3, 1934 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1934, to May 3, 1934
I last saw h. alive on April 29, 1934. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance: Confinement in the state Reformatory

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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? yes
If so, specify: Confinement
(Signed) R. L. Turner, M. D.
(Address) Neelyville, Mo.