

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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township New Lisbon
City Stoddard

Registration District No. 834
Primary Registration District No. 6103

File No. 27951
Registered No. 41
St. _____ Ward _____

2. FULL NAME Silas E Reddick

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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 Eudora Reddick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 73 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan 20, 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME William Reddick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Galbraith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Raymond Reddick
(ADDRESS) Franklin Mo R

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. 7-21-34

19. UNDERTAKER Ed. Furr & Sons Co
(ADDRESS) Franklin Mo

20. FILED 7/21 1934 E. L. Hooper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th 1934
22. I HEREBY CERTIFY that I attended deceased from July 20th 1934 to July 20th 1934
I last saw him alive on 11/20/34. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:
Accident death /
Runover by auto
Date of onset _____

Other contributory causes of importance: None

(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 _____
(Signed) V. P. Gresham, M. D.
(Address) Franklin Mo

From 2 1901

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stoddard
Township New Richman
City (No. _____) _____

Registration District No. 834
Primary Registration District No. 6103

File No. 27951
Registered No. 331
St. _____ Ward _____

2. FULL NAME

Silas E. Reddick

(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 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) M

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rudora Reddick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 20

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

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) July 20, 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

13. NAME William Reddick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Mary Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood, Ky

17. INFORMANT (ADDRESS) Raymond Reddick, Piquette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Farm View DATE 7/21, 1934

19. UNDERTAKER (ADDRESS) D. D. Furr & Wiedt Co, Piquette, Mo

20. FILED 9-7- 1934 J. M. Kearly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY That I attended deceased from July 20, 1934, to July 20, 1934

I last saw him alive on July 20, 1934 at 11:29 a.m., 1934 Death is said to have occurred on the date stated above, at 11:29 a.m.

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

Accidental death
in a car owned by Auto
Tram accident occurred near
Stoddard Co., Mo.
State filed: 2-13-1935
Other contributory causes of importance:
J. M. Kearly, G. P.
Advances, Mo.

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 _____, 1934

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 _____

(Signed) V. L. Grathouse, M. D.
(Address) Piquette, Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 1 1968

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