

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.

NOV 21 1934

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

Do not use this space.

38241

1. PLACE OF DEATH
County Stoddard
Township East
City — (No. —)

Registration District No. 836
Primary Registration District No. 6100

File No. 83
Registered No. 83
St. — Ward —

2. FULL NAME Ethel Redman

(a) Residence No. — St. — Ward —
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>—</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 28 - 1934</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>3</u>	<u>2</u>	<u>2</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>—</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> (c) Name of employer <u>—</u>				
9. BIRTHPLACE (CITY OR TOWN) <u>Paris, Mo.</u> (STATE OR COUNTRY) <u>Mo.</u>				
PARENTS	10. NAME OF FATHER <u>John Redman</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ark.</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Lucile Taylor</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ark.</u> (STATE OR COUNTRY)				
14. INFORMANT <u>Willie Johnson</u> (Address) <u>Paris, Mo.</u>				
15. FILED <u>10-31-34</u> BY <u>J. P. Brandon</u> REGISTRAR <u>Hubert Allen</u>				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Oct 31 - 1934</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>—</u> 19 <u>—</u> to <u>—</u> 19 <u>—</u> that I last saw him on <u>no date</u> and that death occurred, on the date stated above, at <u>—</u> m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Possibly Heart</u>	
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH <u>—</u>	
DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF <u>—</u>	
WAS THERE AN AUTOPSY? <u>no</u>	
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) <u>J. P. Brandon</u> , M. D. (Address) <u>Paris, Mo.</u>	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Shady Grove</u>	DATE OF BURIAL <u>Oct 31 - 1934</u>
20. UNDERTAKER <u>—</u>	ADDRESS <u>—</u>

