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.

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

Do not use this space.

APR 2 2 1935

8133

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 304

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME George Thomas Redmon,

(a) Residence, No. 1111 North 5th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 Mary Belle Redmon,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saddlery
10. Date deceased last worked at this occupation (month and year) March 1933
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City, Missouri,

FATHER

13. NAME James Redmon,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER

15. MAIDEN NAME Kate Munson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT (ADDRESS) Mrs Geo. T. Redmon 1111 North 5th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Mch, 16th 1935

19. UNDERTAKER (ADDRESS) Heaton - Br Gale & Bowman Funeral Home 319 So. 10th. St.

20. FILED 3-16- 1935 John R. Bending Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935, to March 14, 1935

I last saw him alive on March 14, 1935. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Septicemia, Empyemia

Date of onset

Other contributory causes of importance:

Ruptured appendix with abscess.
Subprenic abscess,

Name of operation Drainage of abscess Date of 2-19-35

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? 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) Thos Redmond, M. D.

(Address) 902 P.S. Bldg