JUL 26 1935

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

Do not use this space.

20720

1. PLACE OF DEATH
County Polk
Township Benton
City Halfway (No. ..... St. ..... Ward)
Registration District No. 705
Primary Registration District No. 5934
File No.
Registered No. 8

2. FULL NAME Andrew W. Redd
(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 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 Olive E. Redd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1861
7. AGE YEARS 74 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Andrew J. Redd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Levernia Barn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

17. INFORMANT (ADDRESS) Olive Redd Halfway Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Redd DATE June 11, 1935
19. UNDERTAKER (ADDRESS) Hutcheson & Blue Bolivar Mo
20. FILED 6-15 1935 Mary Lamelading Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1935
22. I HEREBY CERTIFY That I attended deceased from 5-29, 1935, to 6-10, 1935
I last saw him alive on 6-10, 1935. Death is said to have occurred on the date stated above, at 12 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic - Caused by Cerebral hemorrhage	

Other contributory causes of importance: Arterial Hyper tension

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) T. D. Wrinkle, M. D.
(Address) Halfway 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.