

OCT 2 2 1935

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

Do not use this space.

29118

1. PLACE OF DEATH

County Wheeler
Township Colfax
City Carbon (No.)

Registration District No. 260
Primary Registration District No. 7129

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 Hazel Redmond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2^d 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Brake man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year) June 1931 11. Total time (years) spent in this occupation 14 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME John Redmond14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.15. MAIDEN NAME Susan A. Mallory16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Wm. Redmond Carbon Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Carbon Cem. DATE Sept 13 193519. UNDERTAKER (ADDRESS) St. Louis Mo.20. FILED Sept 12th 1935 Mrs. Mary M. Mahall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11th 193522. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1935 to Sept 11th 1935I last saw him alive on Sept 9th 1935. Death is said to have occurred on the date stated above, at 9:30 m.

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

Called after death as coronerOther contributory causes of importance: Ulcer of stomach and nerve troubleName of operation none Date of XWhat test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Sept 11 1935Where did injury occur? at his home Carbon Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. at his homeManner of injury gun shot woundNature of injury fatal shot in head24. Was disease or injury in any way related to occupation of deceased? noIf so, specify ✓(Signed) R. E. Beard M. D.(Address) Stewartville Mo.Coroner Wheeler Co. Mo.

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.

