

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

Do not use this space.

JAN 16 1936

38587

1. PLACE OF DEATH *Boone* Registration District No. *77*  
 County *Boone* Primary Registration District No. *1132*  
 Township *11* City *Columbia Mo* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Limina FANNIE Redman*  
 (a) Residence, No. *Hunt Dale Ma* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James B Redmond*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3/19/1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*76 9 1*

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

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) *Boone County, Mo*

13. NAME *Marcus T. Hill*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone County, Mo*

15. MAIDEN NAME *Ediza Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone County, Mo*

17. INFORMANT (ADDRESS) *Mrs. Rena Johnson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *Dec 22* 19*35*

19. UNDERTAKER (ADDRESS) *R. O. Willett*

20. FILED *Jan 7* 19*36* *Mrs. Lina Ward* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 20th 1935*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *10:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*

Other contributory causes of importance:

*Arterio Sclerosis*

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) *Robert H. Simpson*, M. D.

(Address) *Columbia 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.

