

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

Do not use this space.

42275

1. PLACE OF DEATH <sup>IAN 21 1935</sup>

County Winn  
Township Washington  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. 242  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oliver E. Redford  
(a) Residence, No. State Hospital #3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 7/3rs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
about - 70 ? ? ?

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

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Co. Clerk - Bates Co. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp. Cem. DATE Jan. 18th, 1935

19. UNDERTAKER Eckinger Funeral Home (ADDRESS) Nevada, Mo.

20. FILED 12/29 1935 M. Eckinger Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1935

22. I HEREBY CERTIFY That I attended deceased from May 18, 1904 to Dec. 28, 1935  
I last saw him alive on 11. 11, 1935 Death is said to have occurred on the date stated above, at 12:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?  
Lobar pneumonia (with 1908)  
Other contributory causes of importance: \_\_\_\_\_

Name of operation: none Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical Was there an autopsy? no

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) J. T. O'Sell, M. D.  
(Address) Nevada, 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.

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