

FEB 25 1936

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

Do not use this space. *pin*  
7389-a

1. PLACE OF DEATH

County *St. Clair* Registration District No. *765*  
Township ..... Primary Registration District No. *4460*  
City *Osceola* (No. .... St. .... Ward)

2. FULL NAME

*John T. Redman*  
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Francis Fleming*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar - 9 - 1841*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*94 11 19*

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

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) *about 1910* 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hubertown*

FATHER 13. NAME *11*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *11*

MOTHER 15. MAIDEN NAME *11*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *11*

17. INFORMANT *Frank Redman* (ADDRESS) *Osceola Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Osceola Cem* DATE .....

19. UNDERTAKER *Ed Bush* (ADDRESS) *Osceola Mo*

20. FILED *2/20* 1936 *H. Seegers* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Jan 27*, 19*36*, to *Jan 29*, 19*36*  
last saw him alive on *Jan 29*, 19*36*. Death is said to have occurred on the date stated above, at *10:50 P.M.*

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

*Senility*

*Aortic Insufficiency*  
Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *76*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury .....

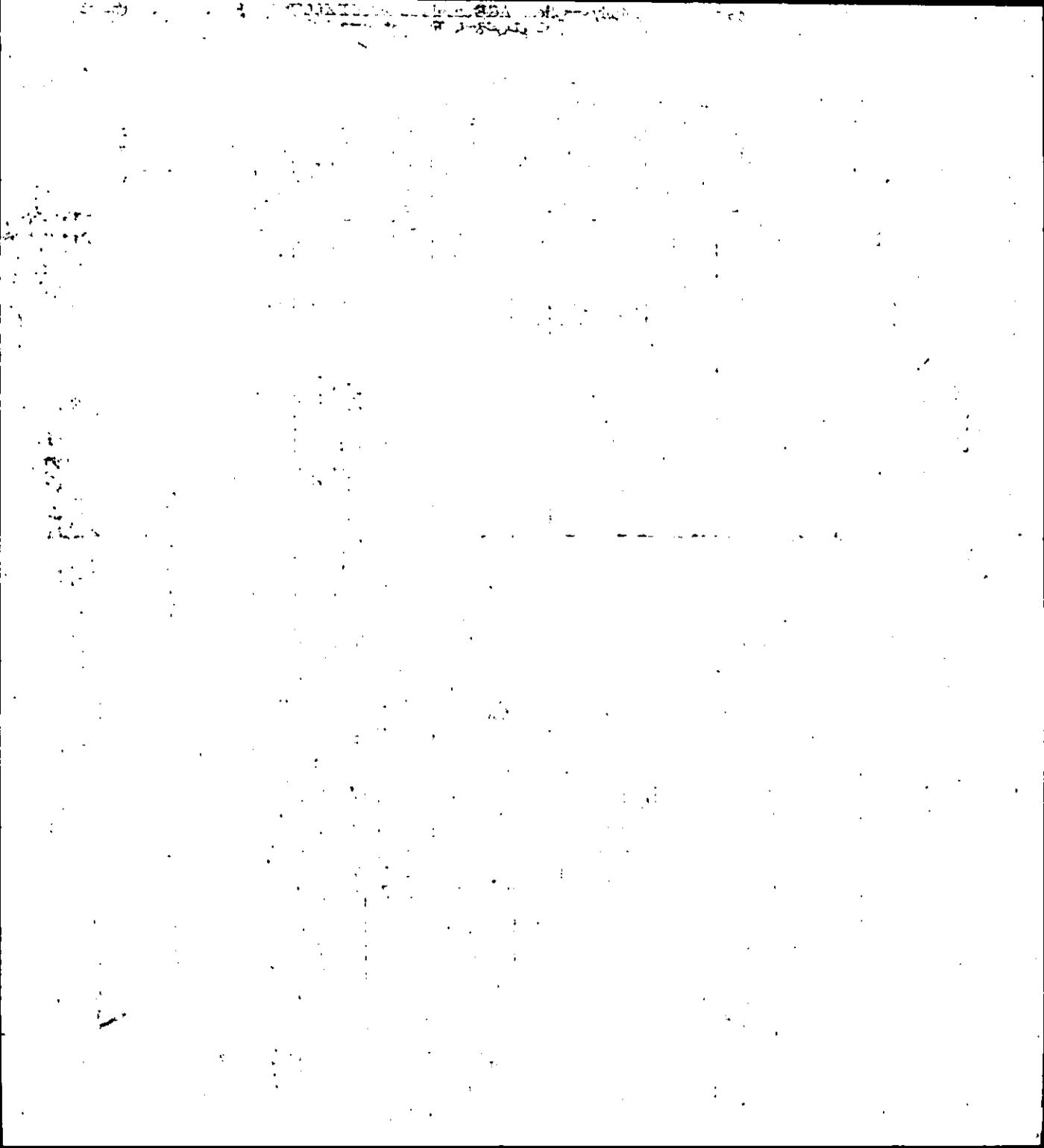
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) *Robert C. May, D.D.*  
(Address) *Osceola, 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.



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

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**1. PLACE OF DEATH**

County St. Clair

Registration District No. 765

File No. ....

Township

Primary Registration District No. 4460

Registered No. ....

City Osceola (No. ....)

St. .... Ward)

**2. FULL NAME**

John T. Redman

(a) Residence, No. .... St. .... Ward. ....

(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than day, yrs. or min. 94 11 19

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

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 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 3-1 1936

19. UNDERTAKER (ADDRESS)

20. FILED 571 1936 R Seewers Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

92a

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) ....., M. D. (Address) .....

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.

SUPPLEMENT

