

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 17 1936

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

Do not use this space.

19051

1. PLACE OF DEATH

County Dunklin Registration District No. 289
Township Cotton Hill Primary Registration District No. 4173
City Malvern (No. _____) St. _____ Ward _____

File No. _____
Registered No. 30

2. FULL NAME William Reddick

(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16-1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>41</u>	<u>9</u>	<u>2</u>	

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

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

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) mt Pleasant miss

13. NAME Andrew Reddick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) n. c.

15. MAIDEN NAME Cherry Norblett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mt Pleasant miss

17. INFORMANT A. B. Dancy (ADDRESS) Malvern mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Pleasant miss DATE 5-24 1936

19. UNDERTAKER W. R. Craig (ADDRESS) Malvern mo

20. FILED 5-18 1936 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 - 1936, to May 18 1936
I last saw him alive on May 15 1936 Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Intestine Date of onset May 13

Other contributory causes of importance:
T. B. Chronic Lungs

Name of operation None Date of _____
What test confirmed diagnosis? By Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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) Langdon Carleton, M. D.
(Address) Malvern

