

JUN 23 1936

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

Do not use this space.

23312

1. PLACE OF DEATH

County Jefferson  
Township Wheat  
City Desoto Mo (No. \_\_\_\_\_)

Registration District No. 420  
Primary Registration District No. 3022

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

2. FULL NAME

Eugene Miles Redfield

(a) Residence, No. 2 Desoto 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. 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 8 10

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

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) 10 yrs 11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burnett Wisconsin

13. NAME Erastus Redfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Priscilla Munn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Gordon Redfield Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE June 7<sup>th</sup> 1936

19. UNDERTAKER (ADDRESS) Mothershead Desoto Mo

20. FILED 66 1936 May Prendergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/76 1936 to 6-5 1936

I last saw him alive on 5/76 1936 Death is said to have occurred on the date stated above, at 1 P.m.

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

Endocarditis and Myocarditis (970)  
Chronic (970)

Other contributory causes of importance: None

Name of operation History Physical Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ 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 \_\_\_\_\_, 1936

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 Yes

(Signed) Chas E. Tatham, M. D.  
(Address) Desoto 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.

10  
4  
9