

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City ST. LOUIS

(No. PEOPLES HOSPITAL

File No. 49256

Registered No. 11298

St. Ward)

2. FULL NAME

STILLBORN Redd

(a) Residence, No.

St.

N.R. Ward.

COLUMBIA, MO.

(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

COL

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

STILLBORN

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

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

10-18-36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

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)

ST. LOUIS MO.

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

FRANCES REDD

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

COLUMBIA MO

17. INFORMANT (ADDRESS)

MOTHER Frances Redd
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 11/14/1936

19. UNDERTAKER (ADDRESS)

Ira Hamilton
City Health Dept.

20. FILED

NOV 13 1936

J. Buebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

10-18-1936

22. I HEREBY CERTIFY, That I attended deceased from

10-18-1936, to

I last saw him ~~alive~~ STILLBORN, 19..... Death is said

to have occurred on the date stated above, at 11:55 P.M.

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

STILLBORN
(CAUSE UNKNOWN)

Date of onset

10-18-36

Other contributory causes of importance:

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) C. M. Jones, M. D.

(Address) 3447 Pine

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.

