

FEB 16 1937

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

Do not use this space.

790

1. PLACE OF DEATH

County De Kalb
Township Camden
City ~~Maysville, Mo.~~ (No. 1)

Registration District No. 259
Primary Registration District No. 5359B

File No.
Registered No.
St. Ward

2. FULL NAME Worthy Hewitt 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) De Kalb County Missouri 1

13. NAME William Thomas Redman 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

15. MAIDEN NAME Mary Jane Schmahorn

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

17. INFORMANT Julia Ann Redman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Shambaugh DATE Jan. 7 1937

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville, Mo.

20. FILED 2-1 19 37 C. H. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4³⁷ 19

22. I HEREBY CERTIFY, That I attended deceased from 7:30 AM 13. 1936 to Jan 4 1937
I last saw him alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

Hypertensive Heart Disease 3-1-36
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) Carl D. Martin M. D.
(Address) Maysville, 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.

