

AUG 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Madison <sup>2</sup> Registration District No. 607  
 Township Porter Primary Registration District No. 4361  
 City Waverly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 27915Registered No. 26

## 2. FULL NAME

Jesse 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Redman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-12-1894

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>42</u>	<u>6</u>	<u>20</u>		

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) Blodgett MO13. NAME Henry Myers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott CO MO15. MAIDEN NAME Jennie Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott CO MO17. INFORMANT (ADDRESS) Jesse Redman18. BURIAL, CREMATION OR REMOVAL PLACE Waverly DATE 8-3-3719. UNDERTAKER (ADDRESS) B. M. Payne  
Waverly MO20. FILED Aug 27 1937 Mary W. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 2, 193722. I HEREBY CERTIFY, That I attended deceased from Aug, 1, 1937, to only once, 1937.I last saw him alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 4:40 m.

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

Renovated residential structure Date of onset 7/27/37Other contributory causes of importance: Suppression of uric acidName of operation none 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 \_\_\_\_\_, 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) A. H. Pender, M. D.(Address) Waverly 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.

MAY 27 1953