

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.

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
 Township Center
 City (No. St. Ward)

Registration District No. 875
 Primary Registration District No. 6160

File No. 32069
 Registered No. 219

2. FULL NAME

Harry Elmer 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ena Whitman Redman

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1937, to Aug 21, 1937
 I last saw h/ m alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 2:15 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1863

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 17

Date of onset

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. farmer

acute generalized peritonitis
suppurative cholecystitis
acute appendicitis
acute myocarditis
hypertension

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) Indiana

13. NAME David Redman

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

15. MAIDEN NAME Hannah Hammond

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

17. INFORMANT Mrs Harry E. Redman
 (ADDRESS) Nevada Mo. R. 50

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Iowa DATE Aug 21, 1937

19. UNDERTAKER Allen V. Hays
 (ADDRESS) Nevada Mo.

20. FILED Aug 21, 1937 Allen V. Hays
 Registrar

Other contributory causes of importance:

Ch. Myocarditis
Hypertension

Name of operation none Date of Aug 21
 What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 accident, suicide, or homicide? Date of injury 1937
 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) W. H. Gray, M. D.
 (Address) Nevada Mo.

