

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

32 County DeKalb Registration District No. 264 File No. 6602
 Township Grant Primary Registration District No. 5367 Registered No. _____
 City _____ (No. _____) St. _____ (Ward)

2. FULL NAME

James Marion Redman 355
 (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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19-1938</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Child</u>
	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)	<u>Grant Township DeKalb Co.</u>	
FATHER	13. NAME	<u>Roy E. Redman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>DeKalb Co.</u>
MOTHER	15. MAIDEN NAME	<u>Mauda Kinsulther</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>DeKalb Co.</u>
17. INFORMANT (ADDRESS)	<u>Ray Redman Maysville Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL	<u>Respect Ave</u> DATE <u>Jan 21</u> 19 <u>38</u>	
19. UNDERTAKER (ADDRESS)	<u>G. P. ... Maysville Mo</u>	
20. FILED	<u>Jan. 21</u> 19 <u>38</u> Mrs. Kessler <u>Simms</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1938 to Jan 21 1938
 I last saw him alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 2:28 pm.
 The principal cause of death and related causes of importance were as follows:
Congenital malformation (Date of onset _____)
 1592

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) Dr. R. H. ...
 (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.

