

REC'D AUG 11 1938

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

Do not use this space.

24750

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. AL)

File No.

Registered No. 710

St.

Ward)

2. FULL NAME Ruth Ann Redding(a) Residence, No. Mo. Meth. Hosp

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

F

4. COLOR OR RACE

W

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

- infant

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

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

July 9-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Still born

OCCUPATION

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

none

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. Joseph, Missouri

FATHER

13. NAME

Gould Redding

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

Union Star, Missouri

MOTHER

15. MAIDEN NAME

Louise Kibler

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

Troy, Kansas

17. INFORMANT (ADDRESS)

Gould Redding, Union Star - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy - Kansas DATE July 10 1938

19. UNDERTAKER (ADDRESS)

Karr Funeral Home, Troy, Kansas

20. FILED

7/11 1938 H. H. Hestlebach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9-1938

22. I HEREBY CERTIFY, That I attended deceased from

at Birth, 1938, to 7-9-38, 1938I last saw her alive on pres, 1938 Death is saidto have occurred on the date stated above, at 6.58 p.m

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

Prematurity - Date of onset6 1/2 mo gestation

Other contributory causes of importance:

Name of operation

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

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) E. E. Wadlow, M. D.(Address) 620 Francis St., St. Joseph

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5010-22-38

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