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.

REC'D NOV 23 1938

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

36299
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi
(b) Township Sprowgrass
(c) City Charleston
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 566
Primary Registration District No. 3030
Registered No. 127

2. PRINT FULL NAME George Redditt
(a) Residence, No. Steele Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3 1919
7. AGE: Years 19 Months 2 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as 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) Greenwood Mississippi

FATHER
13. NAME Lee Redditt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood Miss.

MOTHER
15. MAIDEN NAME Mandy Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood Miss.

17. INFORMANT James Redditt
(ADDRESS) Pascola Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Steele Mo. DATE 10/30 1938
19. FUNERAL DIRECTOR (NAME) J. J. Smith
(ADDRESS) Hayti Mo
20. FILED 10-30- 1938 F. D. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from ....19..., to ....19....
I last saw h.... alive on Inquest ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Gun shot wound in the abdomen Bullet going through body

Date of onset

Other contributory causes of importance: 170

Name of operation none Date of
What test confirmed diagnosis Inquest Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 10-29-, 1938
Where did injury occur? In Pool hall
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Pool hall in Charleston Mo
Manner of injury Gun shot wound
Nature of injury in abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank D Vernon M. D.
(Address) Charleston Mo Coroner
500

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.