REC'D FEB 27 1939

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

Do not use this space.

3558

1. PLACE OF DEATH 2
County Polk — Registration District No. 701 — File No.
Township — Primary Registration District No. 4422 — Registered No. 3
City Bolivar (No. ... St. ... Ward)

2. FULL NAME 316 Caroline Redford
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: 4
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 23-39
7. AGE: YEARS — MONTHS — DAYS 1 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): Bolivar Mo

FATHER
13. NAME: Courts Redford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Ruth Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Courts Redford Bolivar Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Jan 23 1939
19. UNDERTAKER (ADDRESS): Hutchison Bliss Bolivar
20. FILED 1-28, 1939 J F Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from When Born, Jan 23, 1939
I saw her 3:00 A.M., 1939. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:
Asphyxiation from fumes of an oil stove accidental. 1 6 N
Date of onset
Other contributory causes of importance: a broken water heater & oil stove.
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 1-23, 1939
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) J H Bridges, M. D.
(Address) Bolivar, Mo

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.

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RECEIVED
District Health Officer No. 7
District File Number 7-39-312
Date Filed 2-14-39