

REC'D MAY 22 1939

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

15548
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 5-68
 (b) Township Wyatt Primary Registration District No. 5765 Registered No. 40
 (c) City Wyatt (d) Street No. _____ St. _____
 (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.

2. PRINT FULL NAME EDDIE REDMOND

(a) Residence, No. Perry Harmon Farm St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Redmond
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1907
 7. AGE YEARS 31 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farm labour
 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) Holly Grove, Ark.

FATHER 13. NAME John Redmond

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

MOTHER 15. MAIDEN NAME Virginia Johnson

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

17. INFORMANT (NAME) (ADDRESS) Lucy Redmond

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE April 24/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Truett Fair Funeral Home

20. FILED 4-26 19 39 F. D. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH 3:30 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, 19____. I last saw h. _____ alive on _____, 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:
Had no Doctor had a spell of acute indigestion and died in about 15 minutes and had never been treated by a Dr
for any chronic ailment
 (Other contributing 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 _____, 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? _____
 (Signed) Quinn Cook, J. P. M. D.
 (Address) Charleston, W. Va.

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.

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,

Thomas E Bass

or by

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

Signed

Thomas E Bass

Licensed Embalmer No.

3977

P. O. Address

Charleston Mo.

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

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