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.

FORM 3-16-38 T X7294

REC'D MAY 11 1939

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

Do not use this space.

File No. 16013

Registered No. 861

1. PLACE OF DEATH

County St. Francois — Registration District No. 774

Township St. Francois — Primary Registration District No. 6018 B

City Esther (No. ..... St. ..... Ward)

2. FULL NAME Cassie Redfern

(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: F

4. COLOR OR RACE: W.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28th 1866

7. AGE: Years 73 — 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.: Housekeeper

9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): 4 [illegible] 39

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo

FATHER

13. NAME: Joseph Smarlen

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

MOTHER

15. MAIDEN NAME: Sarah Jane Elett

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

17. INFORMANT (ADDRESS): Bertha Larkins Esther Mo

18. BURIAL, CREMATION, OR REMOVAL: Cem. PLACE St. Francois, Mo DATE 4-10 1939

19. UNDERTAKER (ADDRESS): Bradwell Bros. Flat River, Mo

20. FILED 5-2 1939 C B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1936 to ....., 1939

I last saw her alive on 4-6, 1939. 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:

Carcinoma gall bladder — Date of onset Unk

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Other contributory causes of importance:

Myocarditis
Pyelitis Chronic
Arteriosclerosis

Name of operation: None — Date of .....

What test confirmed diagnosis? Clinical — 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? No

If so, specify .....

(Signed) Harold O Fiske, M. D.

(Address) Desloge Mo