

JAN 28 1929

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

Do not use this space.
43866
Tenn

1. PLACE OF DEATH

County Tenn
Township Washington
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 6762

File No.
Registered No. 292
St. Ward

2. FULL NAME

Chas. Ernest Redmond

(a) Residence. No. State Hospital #3 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. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS 56 2 2 (a) If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.R. supervisor
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

10. NAME OF FATHER not given

11. BIRTHPLACE OF FATHER (CITY OR TOWN) " (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not given

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " (STATE OR COUNTRY)

14. INFORMANT Junie Redmond (Address) Webb City Mo.

15. FILED 1-5-29 E.P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Dec. 20, 1928, that I last saw him alive on Jan. 1, 1929, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gen. Paralysis of the insane

83
84 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Maniacal exhaustion (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical lab. (Signed) J. J. D. D. H., M. D.

1720, 1928 (Address) Nevada

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Webb City Mo DATE OF BURIAL 12/22 1928

20. UNDERTAKER Fanny ... ADDRESS Nevada

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.

