

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

Do not use this space.

877

1. PLACE OF DEATH *Werkalb.*
 County *Franklin* Registration District No. *4161*
 Township *Franklin* Primary Registration District No. *262*
 City *Union Star* (No.) St. Ward)
 2. FULL NAME *William Vestal Redding*
 (a) Residence No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Susan Mary Redding*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 12, 1855*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
77 8 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Grocer*
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Warrington* (STATE OR COUNTRY) *Mo.*
 10. NAME OF FATHER *James Redding*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *No. Carolina*
 12. MAIDEN NAME OF MOTHER *Lucinda Felt*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Curtis Redding* (Address) *Union Star Mo.*
 15. FILED *1/8 28* 1928 *E. M. Reynolds* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 8, 1929*
 17. I HEREBY CERTIFY That I attended deceased from *Jan 1, 1928* to *Jan 8, 1928* that I last saw him alive on *Jan 8, 1928*, and that death occurred, on the date stated above, at *11 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A
97 (duration) *10* yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) *Arteriosclerosis* (duration) *10* yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED IF NOT PLACE OF BIRTH? *89*
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? *E. M. Reynolds, M.D.* (Signed) (Address) *Union Star Mo.*

*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 DATE OF BURIAL
Union Star Cemetery, Jan 10 1929
 20. UNDERTAKER ADDRESS
J. F. Wilson, Union Star Mo.

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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