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

Do not use this space. 2877

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No.

Township — Primary Registration District No. 3032 — Registered No. 25

City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Hanah Redman

(a) Residence. No. 304 W Cooper 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Redman — Exact date

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

7. AGE: Years about 90 — Months dont no — Days dont no — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): x
(c) Name of employer: Lillie McGugin

9. BIRTHPLACE (CITY OR TOWN): x
(STATE OR COUNTRY): Saline Co Mo.

PARENTS

10. NAME OF FATHER: Dennis Hays
11. BIRTHPLACE OF FATHER (CITY OR TOWN): dont no
(STATE OR COUNTRY): dont no
12. MAIDEN NAME OF MOTHER: Bettie Hawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): dont no
(STATE OR COUNTRY): dont no

14. INFORMANT: Annah Ruby
(Address): Sedalia Mo

15. FILED: 1-18, 1929 — J. G. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/15, 1929, to 1/15, 1929, that I last saw her alive on 1/15, 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fremont
Lobar
108 101a (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 304 Cooper

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. G. Dawes, M. D.
, 19 (Address) Sedalia 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: Sedalia, Mo. — DATE OF BURIAL: Jan 18 1929

20. UNDERTAKER: F. D. Ferguson — ADDRESS: Sedalia

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.

2.35 1 31 31