

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

Do not use this space.

30903

1. PLACE OF DEATH  
County W. Kafo Registration District No. 259 File No. ....  
Township Carroll Primary Registration District No. 4158 Registered No. ....  
City Marionville (No. .... St. .... Ward ....)

2. FULL NAME Charles Bird Redding  
(a) Residence, No. Union Star St., .... Ward. Time  
(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Redding</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14 - 1874</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>17</u>
	DAYS <u>2</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farm labor</u>	
	9. Industry or business in which work was done, as silk mill, 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) <u>Witcha Falls Texas</u>		
FATHER	13. NAME <u>Wm. S. Redding</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centerville Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Mo.</u>	
17. INFORMANT <u>Frank Redding</u> (ADDRESS) <u>Marionville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carroll Ave</u> DATE <u>Sept. 18, 1931</u>		
19. UNDERTAKER <u>H. Williams</u> (ADDRESS) <u>Franklin City, Mo.</u>		
20. FILED <u>Sept 17, 1931</u> <u>J. J. O'Keefe</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-16 to 9-16, 1931  
I first saw him death before seen 9/16/31 to 9-16-31. Death is said to have occurred on the date stated above, at 9:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cardio-nephritis  
95B 951B  
Other contributory causes of importance:  
May 1931

23. If death was due to external causes (violence), fill in also the following:  
Name of operation: ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....  
(Signed) Glenn Johnson, M. D.  
(Address) Marionville, Mo.

