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.

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

Do not use this space.

39928

1. PLACE OF DEATH
County JACKSON — Registration District No. 389 — File No. 4936
Township KAW — Primary Registration District No. 4008 — Registered No.
City KANSAS CITY (No. 2315-ASKEW St. Ward)

2. FULL NAME MRS. CENIA B REDFORD
(a) Residence, No. 2315-ASKEW St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOSEPH REDFORD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-21-1890
7. AGE: YEARS 42 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NURSE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 217
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NEW MURDOCK 2
(STATE OR COUNTRY) KANSAS

FATHER
13. NAME ROBERT BUTLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER
15. MAIDEN NAME ROYER
16. BIRTHPLACE (CITY OR TOWN) MONTROSE 1
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. EARLINE OPAL CURRIER
(ADDRESS) 2315-ASKEW AVE.
18. BURIAL, CREMATION, OR REMOVAL
PLACE APPLETON CITY, MO. DATE 12-26 1932
19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI
20. FILED 12/23, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-23, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Dec 23, 1932
I last saw her alive on 12/23/32, 19.... Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-12-32
107A	
111B	

107A

Other contributory causes of importance: Pulmonary Edema 4 dy

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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) John H. Ogilvie, M. D.
(Address) 1002 Argyle

Rev. John H. Ogilvie
1002 Argyle Bldg.
2-5

OCT 27 1952