25 1934

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.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 8127
Township " " — Primary Registration District No. 3009 — Registered No. 68
City Cape Girardeau (No. Smetterville St. Ward)

2. FULL NAME Bonnie Maxcine Redwine
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 16 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 26 - 1931
7. AGE: YEARS 2 — MONTHS 11 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Cape Girardeau Mo

FATHER
13. NAME: Thomas G Redwine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ark.

MOTHER
15. MAIDEN NAME: Birdie Wooldridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ark

17. INFORMANT (ADDRESS): Birdie Redwine, Cape Girardeau
18. BURIAL, CREMATION, OR REMOVAL, PLACE: Warm Springs ark DATE: Mar 15 1934
19. UNDERTAKER (ADDRESS): Larberry F & U Co, Cape Girardeau Mo
20. FILED: 3/13 1934 W C Kaempfer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1934 to 3-12, 1934
I last saw her alive on 3-12, 1934 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria 2 days	3-11-34
Broncho Pneumonia following Measles	3-9-34

Other contributory causes of importance: Measles

Name of operation: None — Date of: No
What test confirmed diagnosis: Clinical — Was there an autopsy: No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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: None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D H Hahn M. D.
(Address) Cape Girardeau Mo