

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

Do not use this space.

JAN 16 1936

39090

1. PLACE OF DEATH

County DeKalb
Township DeKalb
City Union Star (No. St. Ward)

Registration District No. 262
Primary Registration District No. 436F

File No.
Registered No.

2. FULL NAME

(a) Residence, No. Union Star, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William U. Redding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) July, 1931 11. Total time (years) spent in this occupation 65 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME James X Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Lucinda Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Effie Moore (ADDRESS) Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Dec. 6 1935

19. UNDERTAKER Lucile M. Wilson (ADDRESS) King City Mo

20. FILED 11-29 1935 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Dec 4, 1935

I last saw him/her on Dec 4, 1935 Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
Senile Dementia
Arterio Sclerosis & Age

Name of operation Chloroform Date of no
What test confirmed diagnosis Chloroform 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?
If so, specify E. M. Reynolds
(Signed) E. M. Reynolds M. D.
(Address) 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.

