

FEB 20 1936

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

Do not use this space.

1663

1. PLACE OF DEATH

County Jackson
Township Raw
City K.S.MO. (No. 2342 Jarboe)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 517
St. _____ Ward _____

2. FULL NAME Louis Redmond

(a) Residence, No. 2342 Jarboe St. _____ Ward _____

(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 80

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

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) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Dr. R. P. Richardson (ADDRESS) Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Feb 1 - 1936

19. UNDERTAKER J. B. Moore (ADDRESS) 1820 E 8

20. FILED 1-31-36 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1936

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner to _____ 1936
I last saw him Jan 26 1936 Death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:

Burns of 1st and 2nd Degree of Leg
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Other contributory causes of importance None

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? yes Date of injury 1-26-36
Where did injury occur? 2342 Jarboe
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury _____
Nature of injury Burns of 1st and 2nd Degree

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Lucian P. Richardson M. D.
(Address) 1820 E 8

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.

