

DEC'D FEB 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Versailles Morgan
Township Morgan
City Versailles (No. 1)

Registration District No. 598Primary Registration District No. 7355File No. 3186Registered No. 2 St. _____ Ward _____2. FULL NAME 355 Thomas Redmond(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

MALE Colored Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNA CRAVIT6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25-18577. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
81 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

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) Morgan County13. NAME Isahn Redmond14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Bettie Throuston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Effie Redmond
Versailles, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles City Cemetery DATE Jan. 27-3919. UNDERTAKER (ADDRESS) W. F. Kidwell
Versailles, Missouri20. FILED 2-1 1939 Will F. Berry
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 193822. I HEREBY CERTIFY, That I attended deceased from Nov 11-1938 to 12-31-1938
I last saw him alive on 12-31-1938 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:Endocarditis chronica92hOther contributory causes of importance arterial sclerosisName of operation _____ Date of _____
What test confirmed diagnosis? clinical & histological 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) A. J. Gunn, M. D.(Address) Versailles, Mo340

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 7-39-2
Date Filed 2-9-39