

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

Do not use this space.

25281

1. PLACE OF DEATH

County Monticau
Township Harrison
City (No. _____) _____ St. _____ Ward _____

Registration District No. 576
Primary Registration District No. 5773

File No. _____
Registered No. 11

2. FULL NAME

Dora Ann Redford

(a) Residence. No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

married James Redford

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

July 22 - 1869

7. AGE

YEARS 60

MONTHS 11

DAYS 23

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

House wife

9. BIRTHPLACE (CITY OR TOWN)

Monticau Co Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm Brizentine

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

France

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Miss March

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

France

(STATE OR COUNTRY)

14. INFORMANT

James Redford
(Address) High Point Mo

15. FILED

July 29 1929
H. H. Pink
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 15th 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 12th, 1929, to July 15th, 1929.
I last saw h...e...f... alive on July 13th, 1929, and that death occurred, on the date stated above, at 5 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

CONTRIBUTOR (SECONDARY)

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. S. Glover, M. D.
, 19 (Address) Russellville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Hoodman Cewtery

DATE OF BURIAL

7/26 1929

20. UNDERTAKER

William F. Frye
California

State Statement of OCCUPATION IS Very important.

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