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

Do not use this space.

34612

NOV 22 1928

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. THIS IS A PERMANENT RECORD

**1. PLACE OF DEATH**

County St. Francois — Registration District No. 779 — File No.

Township Randolph — Primary Registration District No. 60240 — Registered No.

City Cantwell Mo. (No. ..... St. ..... Ward)

**2. FULL NAME** Mary Opal Reddick

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15. 1927

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 1 | 1 | 3 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Cantwell Mo.

PARENTS

10. NAME OF FATHER Orel Reddick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co. Mo

12. MAIDEN NAME OF MOTHER Grace Hawthorn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Genevieve Co. Mo

14. INFORMANT Orel Reddick
(Address) Cantwell Mo.

15. FILED 10-19-1928 R. B. Lester
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 —, 1928, to Oct 18, 1928, that I last saw her alive on Oct 18, 1928, and that death occurred, on the date stated above, at 8 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastro-Enteritis

1198 1130

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. B. Lester, M. D

10-19-, 1928. (Address) Desloge 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 | DATE OF BURIAL |
|---|---|
| Bonnetere C. | Oct-20 1928 |
| **20. UNDERTAKER** | **ADDRESS** |
| C. J. Boyer | Desloge Mo. |