LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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.

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

1 PLACE OF DEATH

County New Madrid

Township East
or
Village
or
City (NO. St.; Ward)

Registration District No. 8 S 1 File No. 191 47688

Primary Registration District No. ~~6070~~ 5801 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Randolph York

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Inft

6 DATE OF BIRTH March (Month) 10 (Day) 918 (Year)

7 AGE yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry business, or establishment in which employed (or employer) —

9 BIRTHPLACE (City or town, State or foreign country) Sikeston Mo

PARENTS
10 NAME OF FATHER Willie H York
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Sikeston Mo
12 MAIDEN NAME OF MOTHER Edna York
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Gallatin Co Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Porter
(Address) Big Opening

15 Filed 12/14 1918 W E Derris Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. (Month) 1 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 29 1918, to Dec. 1 1918, that I last saw him alive on Dec. 1 1918, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Cerebro-spinal Meningitis
11B
79B
10
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza
(Duration) yrs. mos. ds.

(Signed) Geo Presnell M. D.
Dec 2 1918 (Address) Sikeston Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Big Opening
DATE OF BURIAL 12/2 1918

20 UNDERTAKER H J Klah
ADDRESS Sikeston Mo

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County: Henry & Madrid

Township or Village or City: Near Big Opening

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

(NO. ..... St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Randolph York

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Child

6 DATE OF BIRTH: Mar (Month) 10 (Day), 1918 (Year)

7 AGE: ..... yrs. 8 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (City or town, State or foreign country): Near Big Opening

PARENTS

10 NAME OF FATHER: Harris York

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo

12 MAIDEN NAME OF MOTHER: Edna Porter

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ills

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Geo Porter

(Address): .....

15

Filed ....., 191..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: ..... (Month) ..... (Day), 191..... (Year)

17 I HEREBY CERTIFY, that I attended deceased from ....., 191....., to ....., 191....., that I last saw h..... alive on ....., 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

X

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Big Opening

DATE OF BURIAL: 12/2, 1918

20 UNDERTAKER: H J Welsh

ADDRESS: Sikeston Mo

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.