FEB 26 1927

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

Do not use this space.

1824

File No. ____
Registered No. 27

Ks. Binney

1. PLACE OF DEATH

County: Marion — Registration District No. 547
Township: Mason — Primary Registration District No. 3029
City: Hannibal (No. 422, Mark Twain Ave. St., ____ Ward)

2. FULL NAME Richard Earl Randolph

(a) Residence. No. 422 Mark Twain Ave. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 25 1927

7. AGE: Years X | Months X | Days 1 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): XXXXXXXXX
(c) Name of employer: XXXXXXX

9. BIRTHPLACE (CITY OR TOWN): Hannibal
(STATE OR COUNTRY): Marion Co. Mo.

PARENTS

10. NAME OF FATHER: Cliford E. Randolph
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ilasco
(STATE OR COUNTRY): Ralls, Co. Mo.
12. MAIDEN NAME OF MOTHER: Hazel Juanita Perkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ____
(STATE OR COUNTRY): Randolph, Co. Mo.

14. INFORMANT: Mr. Cliford E. Randolph
(Address): 422 Mark Twain Ave Hannibal, Mo.

15. FILED 1/27, 1927. C. E. Thote, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from 1-25-27 1m, 1927, to 1-26, 1927 that I last saw b. ____ alive on ____ 19____, and that death occurred, on the date stated above, at 8:00 A.M. ____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Dont Know-Possible Premature, normal delivery, weight 2 3/4 lbs

1 hr. (duration) ____ yrs. ____ mos. ____ 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) W. O. Burney, M. D.
(Address) Hannibal 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: Mt. Olivet Cem. | DATE OF BURIAL: 1/26 1927

20. UNDERTAKER: Wm. M. Smith | ADDRESS: Hannibal Mo.

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.