

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

Do not use this space.

10259

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *Fulcherda Hospital*)

File No.....
Registered No. **2847**
St. Ward)

2. FULL NAME

Elizabeth Randall

(a) Residence. No. *314 48 Rutger* St., *18* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 27 - 1899*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 19 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home 108 930*
(b) General nature of industry, business, or establishment in which employed (or employer) *167*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Ohio*

10. NAME OF FATHER

Samuel Cushman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Mo*

12. MAIDEN NAME OF MOTHER

Lydia Hoffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Mo*

14. INFORMANT *Mrs Samuel Randall*

(Address) *605 4th Maple Ave*

15. FILED *May 28 1927* *May C Starkoff* Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 22 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Mar 8 1927* to *Mar 24 1927* that I last saw him alive on *Mar 21 1927*, and that death occurred, on the date stated above, at *4:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Lobar Pneumonia
Chr. Myocarditis*

CONTRIBUTORY (SECONDARY)

101 lbs (duration) yrs. mos. *14* da.
Severely (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: *3648 Rutger St.*

C Did an OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *John F. Rudolph* M. D.

(Address) *409 Fister Bldg*

*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

Franklin Ohio

DATE OF BURIAL

Mar 28 1927

20. UNDERTAKER

Fred M Williams 4561 Delmar

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.

