AUG 16 1927

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

Do not use this space.

20672

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 670

City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Letta Fern Randall

(a) Residence. No. St., Ward. Maitland Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Randall.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	27	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Graham
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Edward Ripley.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Mary Wernelskirahen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri.

14. INFORMANT Louis Randall.
(Address) Maitland Missouri.

15. FILED 7/16 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1927, to , 19 , that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 5:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Septic Poisoning, Resulting, from Traumatism of Uterus (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abortion, Probably self induced? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 5 1927
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem findings
(Signed) J. W. M[illegible] Corner, M. D
7/6, 1927 (Address) St Joseph 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
Maitland Missouri	July 6 1927
20. UNDERTAKER	ADDRESS
H. O. Siderfaden	1802 Union St

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.