

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

Do not use this space.

Sumner

16789

1928

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 1551)

Centon St. Centon Ward

File No. _____

Registered No. 372

St. _____ Ward _____

2. FULL NAME

Idrah O. Rand

(a) Residence. No. 1551 Centon 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

wid

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

H. J. Rand

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

Feb 9-1849

7. AGE

YEARS 79

MONTHS 3

DAYS 3

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

home

(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)

Allen Town Mo

10. NAME OF FATHER

Wm. Sube

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

Unknown

12. MAIDEN NAME OF MOTHER

Eliza King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

14. INFORMANT (Address)

Wylenea Rand Springfield Mo

15. FILER

5711/18 O. Horstme REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

5/12 1928

17. I HEREBY CERTIFY, That I attended deceased from March, 1927, to May 21, 1927 that I last saw her alive on May 16, 1927, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Palmon Tuberculosis
2.3A
97 (duration) out know yrs. mos. da.

CONTRIBUTORY (SECONDARY)

none known
out know (duration) yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Wylenea Rand, M. D.

May 14, 1928 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or is death FROM VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Maple Park CEMETERY

DATE OF BURIAL

5/14 1928

20. UNDERTAKER

Alma Schmeyer 534 Abbe

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.

PERMANENT RECORD

JUL 10

