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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 35177
Township Kaw — Primary Registration District No. 1002 — Registered No. 4010
City Kansas City (No. 4145 Euclid St. Ward)

2. FULL NAME Wallace J Randall.
(a) Residence. No. 4145 Euclid St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 13-1854

7. AGE: Years 74 Months 1 Days 10 — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brockport New York.

PARENTS
10. NAME OF FATHER: Milton Randall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lockport N.Y.
12. MAIDEN NAME OF MOTHER: Sophia Phelps
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. O. C. Hull
(Address) 4221 Euclid Ave.

15. FILED 10/24, 1928 M. M. Crowe REGISTRAR
Asst

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928 to Oct 23, 1928 that I last saw him alive on Oct 23, 1928 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Large Cerebral Hemorrhage
74A1
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Small Cerebral Hemorrhage over a period (duration) above yrs. 14 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? reflexes, Eyes and breathing

(Signed) C. S. Dodd, M.D.
10/24, 1928 (Address) 5210 E 15th K.C. 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: Forest Hill — DATE OF BURIAL: Oct 24 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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