

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

Do not use this space.

317

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 14
St. Ward)

2. FULL NAME George W. Randolph

(a) Residence. No. Clyde St., Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 Effie Alice Randolph

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 24, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>49</u>	<u>11</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Shoe Factory employe
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pope County
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER James W. Randolph

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

12. MAIDEN NAME OF MOTHER Nancy Hall

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

14. INFORMANT J. D. Randolph
(Address) Oak Ridge, Mo.

15. FILED 1/16 30 D. B. J. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1930, to Jan. 15, 1930 that I last saw him alive on Jan. 13, 1930, and that death occurred, on the date stated above, at 1:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93D
107B
Arterio Sclerosis (duration) yrs. mos. ds. 3
CONTRIBUTORY Myocarditis (SECONDARY) several months (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPT? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. R. ..., M. D.
1416 . 1930 (Address) Poplar Bluff 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 Ellisnore, Mo. DATE OF BURIAL Jan. 17 1930
Chapel Hill cemetery ADDRESS

20. UNDERTAKER A. W. Greer Poplar Bluff, 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.

86
2

