

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry Registration District No. 352  
Township Deepwater Primary Registration District No. 5493  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**35964**  
File No. \_\_\_\_\_  
Registered No. 15

**2. FULL NAME**

Francis Randolph  
(a) Residence. No. \_\_\_\_\_ 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. 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) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9 4 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ustonia  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Chas. Randolph

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Near Lincoln, Mo

12. MAIDEN NAME OF MOTHER Eva Medek

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co, Mo

14. INFORMANT Eva Randolph  
(Address) Montrose Mo

15. FILED 11/17/30 J. M. Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1930 to Nov. 16, 1930 that I last saw him alive on Nov. 16, 1930, and that death occurred, on the date stated above, at 1:00 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebro-spinal meningitis

7.9 B

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

CONTRIBUTORY (SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) W. E. Baggerly, M. D.

11-17, 1930 (Address) Montrose, 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 Catholic Cem DATE OF BURIAL 11-17 1930

20. UNDERTAKER Sennarty & Sennarty ADDRESS Montrose

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.

DEC 22 1930

