

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

Do not use this space.

19251

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. 4525
City Springfield (No. _____) (Name of place where death occurred) _____ (Ward)

2. FULL NAME

Charles Augustus Randall
(a) Residence, No. 857 Murray 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 24 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Dr. Randall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Lucy August Randall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Dr. M. Birch
857 Murray St.
Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE June 24

19. UNDERTAKER (ADDRESS) Wm. L. Sawyer
Springfield, Mo

20. FILED 6-27-1925 R. W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1925

22. I HEREBY CERTIFY That I attended deceased from _____ to _____

I last saw him alive on June 27 1925 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Showering
In automobile which was washed off concrete pad by high water
In physician's attendance
Other contributory causes of importance: _____

Name of operation 2100 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? h

23. If death was due to external causes (violence), fill in also the following: _____

Was it due to accident, suicide, or homicide? Accident Date of injury June 26 1925

Where did injury occur? 7 mi. S-E of Springfield, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury test in flood water

Nature of injury Showering

24. Was disease or injury in any way related to occupation of deceased? h
If so, specify _____
(Signed) h C. Stone _____, M. D.
(Address) Springfield, 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.

MO 23 1925

