

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

Do not use this space.

19878

14

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
 7 Township Salina Primary Registration District No. 2002  
 5 City Joplin (No. 1409, Jackson Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Richard Theodore Randall

(a) Residence, No. 1409 Jackson Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 26 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 Mary E. Randall  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 6 22

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contract driller  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 188  
 10. Date deceased last worked at this occupation, (month and year) April, 1929 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN), Hardin Co., Kentucky (STATE OR COUNTRY)

FATHER  
 13. NAME Robert E. Randall  
 14. BIRTHPLACE (CITY OR TOWN), Virginia (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Endamide E. Sheets  
 16. BIRTHPLACE (CITY OR TOWN), Kentucky (STATE OR COUNTRY)

17. INFORMANT Mary E. Randall (ADDRESS) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL Forest Park Cemetery DATE June 15, 1932

19. UNDERTAKER Lanpher Mortuary (ADDRESS) Joplin, Missouri

20. FILED 6/12, 1932 W. Benson Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932 to June 10, 1932

I last saw him alive on Jan. 23, 1932. Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

Mitral Insufficiency Date of onset 6/10/32  
92A

92A

Other contributory causes of importance:

(D)

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

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

(Address) Joplin, Mo.

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.

APR 25 1932

