

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.

AGE 25 1932

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

Do not use this space.

23397

3

1. PLACE OF DEATH
 64 County Marion Registration District No. 547
 1 Township Macon Primary Registration District No. 109
 8 City Hannibal (No. 1421 7. Market)
 2. FULL NAME Joseph Randall
 (a) Residence, No. 1421 7 Market St. 5 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 201
 St. 3 Ward

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 Caroline Marguerite Randall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 - 1836
 7. AGE YEARS 95 MONTHS 6 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Duff Trowbridge Co.
 10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.
 FATHER 13. NAME Nelson Randall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Mont Penon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) :" ::"

17. INFORMANT Louise Waring (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cemetery DATE July 12

UNDERTAKER (ADDRESS) Wm. P. Schubert
Hannibal, Mo.

20. FILED July 13, 1932 W. C. Cousins Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 - 1932
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Retired - Coupling 7
Pain in chest and limbs
Had been portaged previously
Had high blood pressure,
was dead when tried to work him.

Other contributory causes of importance:
85 P
102 / 10 2
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify ET, Lucle, Health Spec.
 (Signed) _____ (Address) 902 Broadway

