

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

Do not use this space.

29445

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. Main 1002
(No. 6408)

File No. _____
Registered No. 3619
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6408 Main St. 8 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Margaret R. Randall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16 - 1881
7. AGE YEARS 50 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier Wholesale
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grant Co 251
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) Illinois

13. NAME Clarence Randall

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

15. MAIDEN NAME Martha Boyer

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

17. INFORMANT Mrs Margaret Randall
(ADDRESS) 6408 Main St Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary Cemetery DATE Sept 27 1932

19. UNDERTAKER John J. Sheehan
(ADDRESS) Kansas City Missouri

20. FILED 9/25 1932 John Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Sept 24 1932
I last saw him alive on Sept 24 1932 Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Angina pectoris Date of onset _____
Chronic endocarditis (D)
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify _____
(Signed) J. P. Bone M. D.
(Address) 104 Argyle Bldg Kansas City 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.

Dr Austin B. Jones
Argyle, N.Y.