

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 22 4 W. Indiana)

File No. 31517

Registered No. 1017

St.

Ward)

2. FULL NAME C. J. Randall

(a) Residence, No. 221 Hammond

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Elizabeth Randall

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

Jan. 19, 1872

7. AGE

YEARS 60

MONTHS 9

DAYS 0

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lumberman

302

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hyde Valley Lumber Co.

10. Date deceased last worked at this occupation (month, day, and year)

Oct. 19, 1932

11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (CITY OR TOWN)

Lomax Illinois

13. NAME

J. B. Randall

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

Unknown New York

15. MAIDEN NAME

Lizzie S. Schlup

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

Unkn Own Switzerland

17. INFORMANT

(ADDRESS) Dewey Randall 636 Askew Ave. Kansas City Mo.

18. HOW AND WHERE OBTAINED OR REMOVAL

PLACE Iola Kansas DATE Oct. 22, 1932

19. UNDERTAKER

(ADDRESS)

Paul O. Clark 5925 King Hill Ave

20. FILED

Oct 21 1932

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 - 1932 to Oct 19 - 1932

I last saw him alive on Oct 19, 1932 Death is said to have occurred on the date stated above, at 6 p. m.

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

Probably Pulmonary Embolism
III A III B

Date of onset Oct 19 - 32

Other contributory causes of importance:

none other found

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? yes

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) John J. Suckler M. D.

(Address) St. Joseph 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.

11-11-32

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