

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

Do not use this space.

2452  
22

**1. PLACE OF DEATH**

71 County Morgan Registration District No. 397  
Township Asa Primary Registration District No. 392  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 397

**2. FULL NAME**

Elsie Edgill Randolph  
(a) Residence, No. .... 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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1915  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 7 5

OCCUPATION 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. Shovel Bay  
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) Morgan Co

FATHER 13. NAME William Estlin Randolph

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

MOTHER 15. MAIDEN NAME Eva Lytle Sniford

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

17. INFORMANT W. R. Randolph (ADDRESS) Dummitt mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay Mills DATE 7-5-22

19. UNDERTAKER W. R. Sniford (ADDRESS) Dummitt mo

20. FILED 1-5-22 1922 W. R. Sniford Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1923  
22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1923, to Jan 3, 1923  
I last saw him alive on Jan 2, 1923 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:  
11B Date of onset

Intestinal Fluor  
Other contributory causes of importance:  
11B  
Name of operation ..... 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. R. Sniford M. D.  
(Address) Dummitt 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 very important.

