

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Trinity Luthern Hospital) St. 3882 Ward)

2. FULL NAME

(a) Residence, No. 86th & Holmes 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 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 Florence Randolph				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1869				
7. AGE	YEARS 63	MONTHS 9	DAYS 3	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County MO.			
	13. NAME Marion Randolph			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.			
	15. MAIDEN NAME Catherine May Ky			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) Florence Randolph 86th & Holmes				
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 10/2/33 19__				
19. UNDERTAKER (ADDRESS) R.V. Lindsey & Sons 3811 Broadway				
20. FILED Dec. 2, 1933 M. M. Crowe <i>cash Registrar.</i>				

6. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30, 1933**

22. I HEREBY CERTIFY, that I attended deceased from **Sept 1, 1933** to **Sept 30, 1933**
 I last saw him alive on **Sept 30, 1933** Death is said to have occurred on the date stated above, at **4 P. M.**
 The principal cause of death and related causes of importance were as follows:
Diseased Gall bladder Date of onset **3/11**
Gall stones with
Staphylococcus Infection
 Other contributory causes of importance:
Perforated Intestine **4/27/33**
Acute Peritonitis
 Name of operation **Laprotomy** Date of **4/29/33**
 What test confirmed diagnosis: **operation** 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?
 If so, specify _____
 (Signed) **S. W. Fair** M. D.
 (Address) **404 1/2 W 75th St, 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.

NOV 10 1933

