

FEB 27 1934

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

Do not use this space.

1711

1. PLACE OF DEATH

County Waclade  
Township Washington  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 449  
Primary Registration District No. 56-0-9  
5618

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1866  
7. AGE YEARS 67 MONTHS 7 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Mo

13. NAME W. D. Shaddy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Martha Casanough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Margaret Colton  
(ADDRESS) Shove Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Branshall DATE 1/17 1934

19. UNDERTAKER W. E. Halman  
(ADDRESS) Lebanon Mo

20. FILED 2/2 1934 J. M. Lamb  
Registrar.

Dr. Matt. Hartville

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16 1934  
22. I HEREBY CERTIFY That I attended deceased from July 8 1930, to Jan 16 1933  
Last saw her alive on Dec 12 1933. Death is said to have occurred on the date stated above, at 7250 m.  
The principal cause of death and related causes of importance were as follows:

Hemiplegia  
82  
201  
8201  
Date of onset July 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

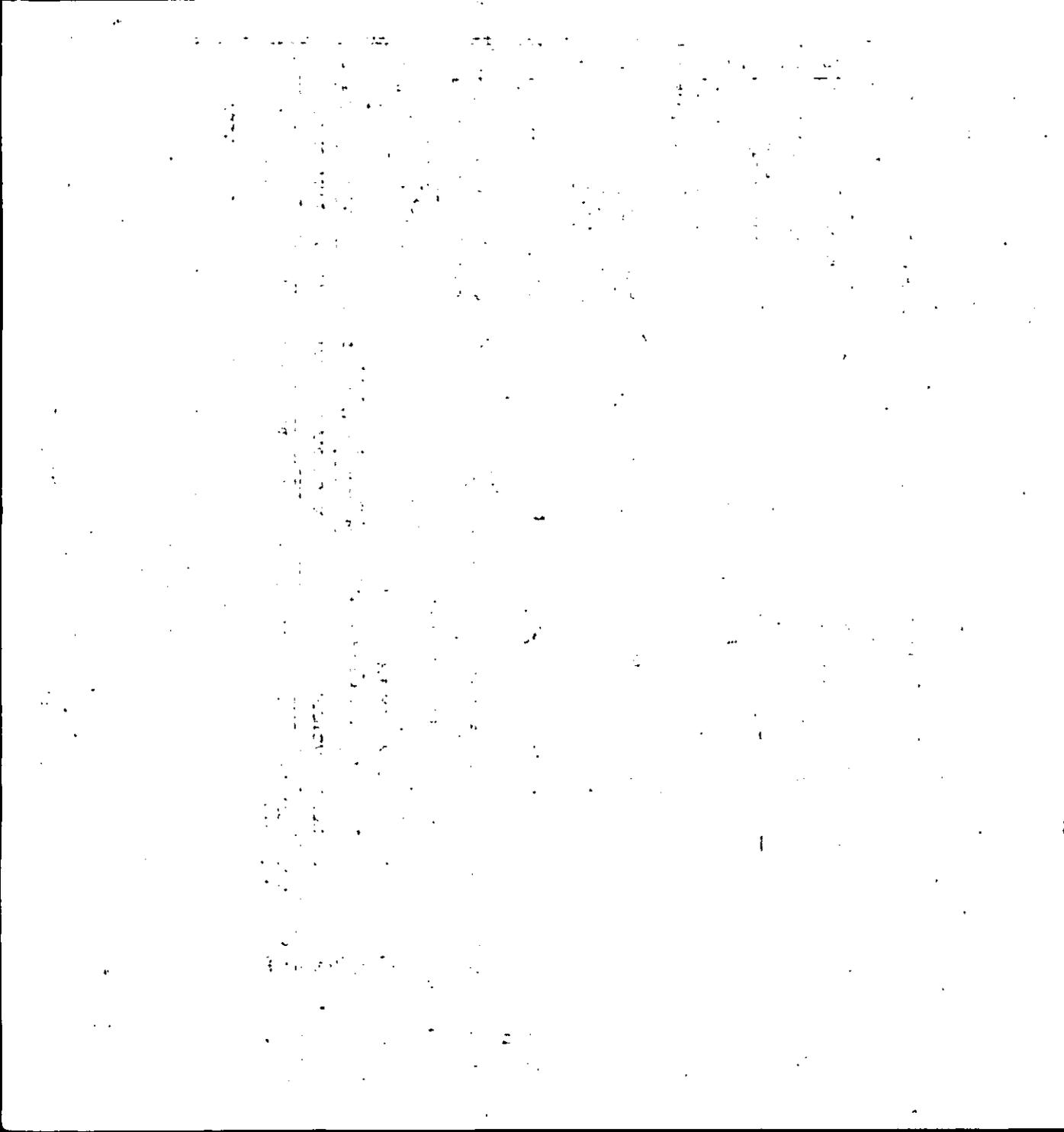
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

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. R. Matt \_\_\_\_\_ M. D.  
(Address) Hartville Mo



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

*enclosed*

1711

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Jane Randolph  
Died at \_\_\_\_\_ on Jan 16 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 67 Months 7 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Place of birth (State or country) \_\_\_\_\_  
Place of father (State or country) Cerebral hemorrhage  
Place of mother (State or country) \_\_\_\_\_  
Principal cause of death: Hemiplegia

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Date test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

8291

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
Signature of Registrar J. A. M. Comb

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 449

Very truly yours,  
E. T. McGaugh M.D.  
S.C.

Primary Reg. Dist. No. 5612

Special Agent.

1

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

RECEIVED  
MAY 15 1964

TO THE DIRECTOR  
OF THE UNIVERSITY OF CHICAGO

FROM THE PHYSICS DEPARTMENT

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]