DEC 19 1934

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

Do not use this space.

File No. 33644
Registered No. 43

1. PLACE OF DEATH
County: Pemiscot
Township: Little River
City: Wardell Mo (No. ..... St. ..... Ward)
Registration District No. 1099
Primary Registration District No. 1868

2. FULL NAME: John Harden Randell

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Celsie Randell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-15-1889

7. AGE: Years 44 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Mo

FATHER
13. NAME: William T. Randell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Ella Chesley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): J. R. Randell Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wardell Mo DATE: 9-26-1934

19. UNDERTAKER (ADDRESS): H. Smith Wardell Mo

20. FILED: 12-9-1934 J. L. Creasey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1934 to 9-24, 1934
I last saw h. alive on 9-24, 1934 Death is said to have occurred on the date stated above, at 12:55 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrage

Date of onset

Other contributory causes of importance:
High Blood Pressure

Name of operation: None 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? No
If so, specify
(Signed) H. H. Denton, M. D.
(Address) Wardell 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD