

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

Do not use this space.

OCT 11 1934

34488

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **1003**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. City 24th)

File No. \_\_\_\_\_  
Registered No. 9292  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 5808 1/2 Richardz Randall Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Alfred Randall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21 - 1895</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>8</u>	DAYS <u>29</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>
	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) <u>July 1934</u>	11. Total time (years) spent in this occupation <u>20 yrs</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okawville Ill</u>
	13. NAME <u>Adam Randall</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo</u>
	15. MAIDEN NAME <u>Caroline Plating</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okawville Ill</u>

17. INFORMANT (ADDRESS) <u>Wasp J. M. Kent City 24th</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frederick</u> DATE <u>Sept. 24, 1934</u>
19. UNDERTAKER (ADDRESS) <u>Suedmeyer &amp; Sons 393 N. 1st St.</u>
20. FILED <u>SEP 21 1934</u> <u>J. Brebeck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1934 to 9/20, 1934

I last saw him alive on 9/20, 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:  
23 P Pul tuberculosis

Date of onset \_\_\_\_\_

Other contributory causes of importance:

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? \_\_\_\_\_  
If so, specify Pul tuberculosis

(Signed) \_\_\_\_\_, M. D.  
(Address) City 24th

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.

*Handwritten text, possibly a signature or date, located in the top left corner.*