

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.

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

Do not use this space.

MAR 21 1935

4673

1. PLACE OF DEATH  
County Chariton Registration District No. 169  
Township Waverly Primary Registration District No. 4098  
City Waverly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

2. FULL NAME MRS. ROSA 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John P. Randolph</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 29 - 1852</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>0</u>	DAYS <u>18</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>at Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>			
	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) <u>Adams Co. Ill.</u>				
FATHER	13. NAME <u>Willie Riddle</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adams Co. Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Wheeler</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adams Co. Ill.</u>			
17. INFORMANT <u>J. M. Randolph</u> (ADDRESS) <u>Brumswick Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Corner</u> DATE <u>Feb 18 1935</u>				
19. UNDERTAKER <u>J. W. Hessel</u> (ADDRESS) <u>Brumswick Mo</u>				
20. FILED <u>Feb 17 1935</u> <u>Harry C. Satum</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 16 1935

I HEREBY CERTIFY, That I attended deceased from Feb 13 1935 to Feb 16 1935  
I last saw her alive on Feb 16 1935. Death is said to have occurred on the date stated above, at 5 A. m.  
The principal cause of death and related causes of importance were as follows:  
Renal Cardiac  
Cardiac  
Renal Asthma

Other contributory causes of importance: \_\_\_\_\_

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? no  
If so, specify \_\_\_\_\_  
(Signed) J. P. Fisher D.O. M.D.  
(Address) Brumswick Mo

