

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.

APR 1 1935

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

Do not use this space.

9499

PLACE OF DEATH

County Jasper
Township Castroville
City Castroville (No.)

Registration District No. 407
Primary Registration District No. 4241

File No.
Registered No.
St. Ward)

2. FULL NAME

Engene Randall
(a) Residence, No. 309 N. Harrison 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>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>Mrs. Randall</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 19 1847</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>9</u>
		DAYS
		<u>21</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>Preacher</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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blanchenville Ill.</u>		
MOTHER FATHER	13. NAME <u>Elyse Randall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Nancy Lusk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Mrs. Mrs. Randall</u> (ADDRESS) <u>Castroville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Castroville Cem.</u> DATE <u>May 14 1935</u>		
19. UNDERTAKER <u>Metz City Und Co</u> (ADDRESS) <u>Metz City, Mo.</u>		
20. FILED <u>2/14 1935</u> <u>J. W. Clark</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1935 to March 17, 1935

I last saw him alive on March 17, 1935 Death is said to have occurred on the date stated above, at 5:45 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) J. H. Ingle, M. D.

(Address) Metz City, Mo.

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