

111 1935

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

Do not use this space.

18752

1. PLACE OF DEATH  
County Texas Registration District No. 863  
Township Reyn Primary Registration District No. 6139  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Burl Allen Randolph  
(a) Residence, No. Houston, Mo. 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.

File No. 14  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 8 11

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

13. NAME Burl Allen Randolph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Mo

15. MAIDEN NAME Helen Atkinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell, Ok

17. INFORMANT Lena Randolph  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Houston DATE May - 21 1935

19. UNDERTAKER G. U. Elliott  
(ADDRESS)

20. FILED 5-20 1935 H. P. Marshall  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1935  
22. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to May 19 1935  
I last saw him alive on May 15 1935. Death is said to have occurred on the date stated above, at 11 P m.  
The principal cause of death and related causes of importance were as follows:

Enteritis  
Date of onset 179  
Other contributory causes of importance: subposed caused by  
Wet Poisoning  
40

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. P. Herron, M. D.  
(Address) Houston, 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.

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