

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

Do not use this space.

23730

AUG 19 1935

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal (No. 2625 Cornell) St. _____ Ward _____

File No. _____
Registered No. 223
St. _____ Ward _____

2. FULL NAME Martha Alice Randall

(a) Residence, No. 2625 Cornell 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Randall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 10. 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Virginia

13. NAME John Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Hanna Roach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mr. E. S. Randall
(ADDRESS) 2625 Cornell Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE 7/22/35

19. UNDERTAKER James O'Connell
(ADDRESS) Hannibal, Mo

20. FILED July 30, 1935 R. J. Schuster
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1935 to 7-20, 1935
I last saw her alive on 7-18, 1935. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Cerebral Hemorrhage Date of onset _____
Arterio Sclerosis

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? no
If so, specify _____
(Signed) H. O. Daniel, M. D.
(Address) 227 E. Broadway

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.

