

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.

JAN 15 1936

38831

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township "

Primary Registration District No. 3009

City Cape Girardeau

(No. 1)

Hospital

File No. _____

Registered No. 363

St. _____

Ward _____

2. FULL NAME

Annie E. Randol

(a) Residence, No. 1206 No. Main

St. _____

Ward _____

(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

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

Aug 15 - 1856

7. AGE

YEARS 79

MONTHS 4

DAYS 0

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Homework

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)

Jackson Mo.

13. NAME

George Green

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

Pa.

15. MAIDEN NAME

Eliza Whorton

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

N. J.

17. INFORMANT (ADDRESS)

Mrs Lawrence Randol Cape Girardeau Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE Hobbs Chapel

DATE 12-17-1935

19. UNDERTAKER (ADDRESS)

Walthus Funeral Home Cape Girardeau Mo.

20. FILED

12-18-1935

John Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec 14, 1935, to Dec 15, 1935

I last saw him alive on Dec 15, 1935. Death is said

to have occurred on the date stated above, at 6:20 P.M.

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

Thrombosis of Right Femoral artery

Date of onset 12-15-35

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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

Accident, suicide, or homicide? No 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 no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Cape Girardeau Mo.

(Address) _____ M. D.

