

JAN 20 1937

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

Do not use this space.

44623

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 392

2. FULL NAME Williams Rinker Randall

(a) Residence, No. 201 So. Pleasant St., IV Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lillie B. Randall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 22

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

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) Nov. 19 29 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

13. NAME William M. Randall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charles Town Va.

15. MAIDEN NAME Rebecca Randall

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

17. INFORMANT Mary J. Randall

(ADDRESS) 201 So Pleasant Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Mo DATE Dec 15 1936

19. UNDERTAKER (ADDRESS) Ch & Mitchell Independence, Mo.

20. FILED 12-15-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1930, to Dec 12, 1936

I last saw him alive on Dec 12, 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Paralysis agitans Date of onset 6 yrs

Other contributory causes of importance Supper from Bed Room Oct 36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical as 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Hickenon, M. D.

(Address) Independence 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.

