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

Do not use this space.

FEB 8 1937

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1. PLACE OF DEATH
County
Township
City Saint Louis, (No. 4472 Cook Avenue, 2 St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 3984
Registered No. 1025

2. FULL NAME James Henry Randell
(a) Residence, No. 4472 Cook Avenue, St., 11 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
1	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Saint Louis Missouri 1

FATHER
13. NAME Jerome Randall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri 1

MOTHER
15. MAIDEN NAME Althea Spriggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mississippi 2

17. INFORMANT (ADDRESS) Jerome Randell 4472 Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 23, 1937.

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED JAN 22 1937, 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937, to January 20, 1937
I last saw him alive on January 20, 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance: 107a

Date of onset

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) J. E. Hunt, M. D.
(Address) 923 North Jefferson

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.

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