

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County ButterRegistration District No. 89File No. 11340

Township

Primary Registration District No. 3007Registered No. 102

City

2. FULL NAME

(a) Residence, No. Albert RandallSt. Patterson Mo

(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

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)

6-16-1917

7. AGE

19

YEARS

MONTHS

9

DAYS

12

If LESS than 1 day,hrs. ormin.

OCCUPATION

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.

Machinist

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)

Wayne Co Mo

13. NAME

Louis Randall

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

Wayne Co

15. MAIDEN NAME

May Williams

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

Wayne Co Mo

17. INFORMANT (ADDRESS)

Louis Randall Patterson Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Patterson Mo

DATE

3-30

1937

19. UNDERTAKER (ADDRESS)

Croy Funeral Home

20. FILED

300

1937

Blutinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-28-193722. I HEREBY CERTIFY That I attended deceased from Mar 28th 1937, to Mar 28th 1937I last saw him alive on Mar 28th 1937. Death is saidto have occurred on the date stated above, at 8:55 A.M.

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

Shock
Hemorrhage
Depressed Skull FractureDate of onset
3/28/37

Other contributory causes of importance:

Extensive lacerations of scalp
Disruption of portion of brainName of operating physician Dr. J. H. Williams Date of 3/28/37What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/28, 1937?Where did injury occur? Patterson, Mo. Wayne County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car ran into ditch

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Williams, M. D.(Address) Poplar Bluff, 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.

