

APR 26 1937

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

Do not use this space.

13148

1. PLACE OF DEATH

County RandolphRegistration District No. 735File No. 13148Township PracticPrimary Registration District No. 44240Registered No. 17City Pennick (No. _____) St. _____ Ward _____2. FULL NAME Randolph S. Stein(a) Residence, No. Pennick 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. 5 ds. 8 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 - 37

7. AGE

YEARS

MONTHS 5DAYS 8

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

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. _____

10. Date deceased last worked at this occupation (month and year) _____

H. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennick

FATHER

13. NAME Shelton Stein14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Verona Co

MOTHER

15. MAIDEN NAME Ethelina Jones16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Randolph17. INFORMANT (ADDRESS) Shelton Stein
Pennick 242

18. BURIAL, CREMATION, OR REMOVAL

St. Josephs Cem DATE Mar 31 193719. UNDERTAKER (ADDRESS) St. Josephs Cem
Verona Co20. FILED Apr 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____ 19____. 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:

Date of onset

Other contributory causes of importance: U

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) _____, M. D.

(Address) _____

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.

