

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Registration District No. 771 File No. 21192
 Township Bismarck Primary Registration District No. 4462- Registered No. _____
 City Bismarck (No. _____) St. _____ Ward _____

2. FULL NAME

James Herbert Randolph
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mo. da. How long in U. S., if of foreign birth? yrs. mo. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
48 6 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Missouri

FATHER 13. NAME John Randolph

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

MOTHER 15. MAIDEN NAME Laretta Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co

17. INFORMANT (ADDRESS) Mrs. S. Randolph
Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Ave Mo DATE May 29 1937

19. UNDERTAKER (ADDRESS) Boyl & Whitely
Bismarck

20. FILED May 29 1937 A. H. Gale M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to May 26 1937
 I last saw him alive on May 26 1937. Death is said to have occurred on the date stated above, at 12:30 m.

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

Phthisis Pulmonalis Date of onset _____
 Other contributory causes of importance: 23

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) Edmund M Coff M. D.
 (Address) Bismarck 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.

