

DEC'D APR 7 1938

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

10536  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 163  
 (c) City Jefferson (d) Street No. St. Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mrs. Ollie Belle Randall Wilson 42  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-28-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 1 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Richmond, Missouri

FATHER 13. NAME J. B. Randall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Ills

MOTHER 15. MAIDEN NAME Celestine Bratton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Virginia R. Wilson  
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE Mar-30-1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Gordon  
Jefferson City, Mo.

20. FILED 3/28/38 1938 Wm. J. Gordon  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1938 to 3-28-1938

I last saw her alive on 3-28-1938. Death is said to have occurred on the date stated above, at 9:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Meningitis. Probably caused by injury received in a fall.  
1860  
 Other contributory causes of importance: Pneumonia  
18  
 Date of onset 3-12-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accid Date of injury 3-17-1938  
 Where did injury occur? Jefferson City, Missouri  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall  
 Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) Wm. J. Gordon, M. D.  
 (Address) Jefferson City Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**