

REC'D JUN 7 1938

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

18154  
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266  
(b) Township Spring Creek Primary Registration District No. 4164 Registered No. 37  
(c) City Salem (d) Street No. \_\_\_\_\_ 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 Mary Lee Randolph 535

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 10 13

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo.

FATHER 13. NAME Hugh Roberts

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

MOTHER 15. MAIDEN NAME Sarah Jane Hickerson

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

17. INFORMANT (ADDRESS) Walter Randolph Long Beach Cal 3698 Salem

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cemetery DATE June 2 1938

19. FUNERAL DIRECTOR (ADDRESS) W. D. Hobson - Salem, Mo.

20. FILED June 1 1938 F. E. Butler, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to May 28 1938  
I last saw her alive on May 28 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus Date of onset 1937  
Chronic Cholecystitis 1934  
Other contributory causes of importance \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) Walter H. Hunt M. D.  
Salem, Mo. (Address)

CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, N D Hobson, Licensed Embalmer No. 928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed N D Hobson

Licensed Embalmer No. 928

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