

JUN 8 1938

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

Do not use this space.

18651

1. PLACE OF DEATH

County Laclede  
Township Lebanon  
City Lebanon (No. 1)

Registration District No. 449  
Primary Registration District No. 4767  
Buson Depot

File No. 18651  
Registered No. 534  
St. 4 Ward

2. FULL NAME

Char. William Randall

(a) Residence, No. Not known St. 4 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. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 50

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME n

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

15. MAIDEN NAME n

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

17. INFORMANT Tulsa Police Dept. (ADDRESS) Tulsa Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE 5/17 1938

19. UNDERTAKER Dubois (ADDRESS) Lebanon Mo.

20. FILED 5-17-38 1938 J A McCaleb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

did suddenly, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 1 P.M.,

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

Heart Disease Date of onset

N M O 45 B

Other contributory causes of importance: 1

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) J P. Palmer Coroner

(Address) Lebanon 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.

