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2  
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.

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

26726  
Do not use this space.

1. PLACE OF DEATH: **1938**  
 (a) County Vermon Registration District No. 875  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3039 Registered No. 172  
 (c) City Nevada (d) Street No. Nevada City 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. da. (f) How long in U. S. (if of foreign birth) yrs. mos. da.

2. PRINT FULL NAME Mathie W. Randolph 53 yr  
 (a) Residence, No. Nevada City Hospital 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 / 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65      7      14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleslady  
 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) Nevada Mo.

FATHER 13. NAME Wiley B Randolph  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Maggie Butler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Sallie Randolph  
 (ADDRESS) Nevada, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood Cem DATE July 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hayes Funeral Service Nevada Mo.

20. FILED 7/11 1938 Allen E Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to July 10, 1938  
 I last saw her... alive on July 10, 1938. Death is said to have occurred on the date stated above, at 9.9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
failure of heart  
saltic acid  
and anemia  
50 yr  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertension  
pneumonia

Name of operation amputation Date of July 10 1938  
 What test confirmed diagnosis? specimen 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) H. W. Lancaster, M. D.  
 (Address) Nevada Mo

37  
72  
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REPUBLIC OF NEVADA  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

or by H. H. Marmaduke

Embalmer

Registered ~~Apprentice~~ No. 2070, working under my personal supervision.

Signed Allen V. Karp

Licensed Embalmer No. 1968

P. O. Address Nevada, Inc.

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.)

If this body is not embalmed, above space should be left blank.