

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 MAY 12 1939

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

14370
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township _____ Primary Registration District No. 3007 Registered No. 87
(c) City Poplar Bluff (d) Street No. _____ St. _____
(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 Lucy Randolph

(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Randolph
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50
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. Home
10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) JAMES 1
(STATE OR COUNTRY) Mississippi

FATHER 13. NAME unk 9
14. BIRTHPLACE (CITY OR TOWN) unk 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) James
(STATE OR COUNTRY) Mississippi

17. INFORMANT Husband
(ADDRESS) Poplar Bluff, Missouri Route 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Madrid, Mo. DATE April 5 1939

19. FUNERAL DIRECTOR Richard Burial Association
(ADDRESS) New Madrid, Missouri

20. FILED 43 1939 [Signature]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1939

22. I HEREBY CERTIFY, That I attended deceased from January 15 1939 to April 2 1939
I last saw her April 1939. Death is said to have occurred on the date stated above, at 5:00P.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

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? no
If so, specify _____
(Signed) J.W. [Signature] _____, M. D.
(Address) Poplar Bluff, Missouri

AUG 6 1948

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.)