

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

Do not use this space.

11075
11025

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1420
City St. Louis, Mo (No. 1420 Michigan) St. _____ Ward _____

2. FULL NAME William Randall
(a) Residence No. 1420 Mich St. _____ 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.

File No. _____
Registered No. 1539
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25-1866

7. AGE YEARS MONTHS DAYS 66 10 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shillman Porter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 13 1929 to Mar 29 1929 and that I last saw him alive on Mar 29 1929 and that death occurred, on the date stated above, at 12:45 A

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(3rd attack within 6 yrs)
(duration) 6 yrs. mos. ds.
CONTRIBUTORY Intestinal Septicemia
(SECONDARY)
(duration) _____ yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED MIAMI
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Clyde H. Walker M. D.
4/1 1929 (Address) 1522 E 18th St. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Antk.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Antk.
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary McCullen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) VA
(STATE OR COUNTRY) _____

14. INFORMANT Dattis Randall
(Address) 1420 Michigan

15. FILED 4/1 1929 M. M. Kerouac
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis DATE OF BURIAL April 2 1929

20. UNDERTAKER West, Appt. & Burial ADDRESS 1600 E. 14th

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.

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