

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

Do not use this space.

23246

1. PLACE OF DEATH

County Beechey Registration District No. 83
Township Crawford Primary Registration District No. 5124
City Wallace (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Emily Jane Randall
(a) Residence, No. Wallace, Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Frankie Randall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 2, 1885</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>7</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>Unknown Missouri</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown unknown</u>		
15. MAIDEN NAME <u>Howard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown unknown</u>		
17. INFORMANT <u>Roy O. Randall</u> (ADDRESS) <u>Kansas City, Mo.</u>		
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Mt Auburn cemetery</u> <u>July 23, 1934</u>		
19. UNDERTAKER <u>E. H. Eiden</u> (ADDRESS) <u>602 So. 10th St.</u>		
20. FILED <u>July 22, 1934</u> <u>W. S. Hull</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934

22. I HEREBY CERTIFY, that I attended deceased from April 24, 1934 to May 8, 1934
to have occurred on the date stated above, at 6:05 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Kidney Date of onset 1932
59R

Other contributory causes of importance:

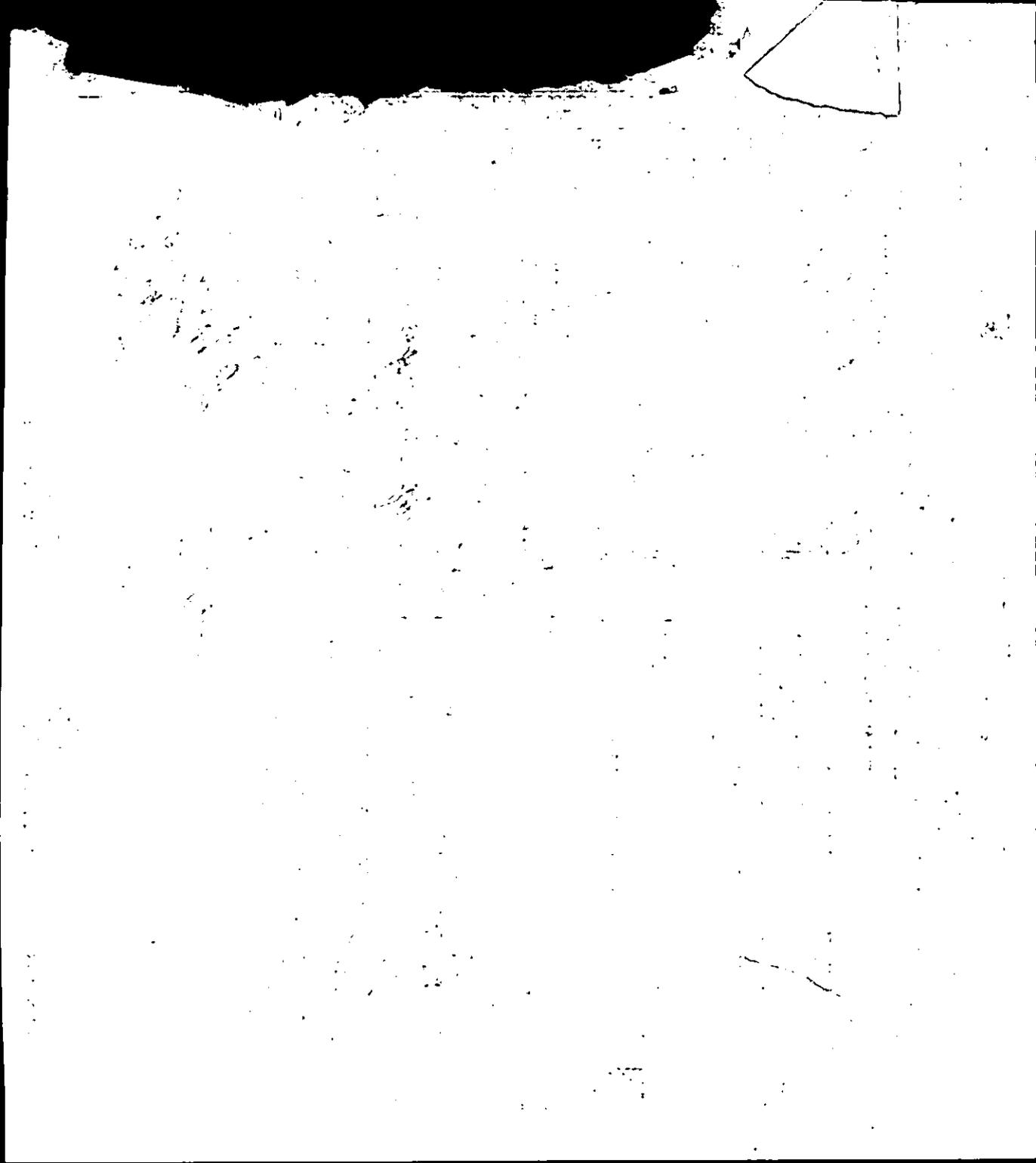
Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. D. D. D., M. D.
(Address) 235 Bartlett Bldg
St. Joseph, Mo.

N. B.—Every item of information should be stated in plain terms, and the CAUSE OF DEATH in plain terms.



1934
S-23246