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.

DEC 19 1934

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

Do not use this space.

43985

File No.

Registered No. 133

1. PLACE OF DEATH

County: Shelby

Township:

City: Rallas Mo

Registration District No. 677

Primary Registration District No. 4403

St. Ward)

2. FULL NAME: Thomas Jefferson Randolph

(a) Residence, No. Rallas 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

3. SEX: M.

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 21, 1848

7. AGE: Years 86 Months 7 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Ky.

FATHER

13. NAME: Dave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox

MOTHER

15. MAIDEN NAME: Hannah J. King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Bryant Williams Rallas Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Rallas DATE: Dec. 11, 34

19. UNDERTAKER (ADDRESS): Nuell & Son Rallas Mo

20. FILED Dec. 10, 1934 Jos. T. Cyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on Dead Dec. 9, 1934. Death is said to have occurred on the date stated above, at 6 P. m.

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

	Date of onset
Bronchial Pneumonia	
IDDM	

Other contributory causes of importance: 101 a

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.
in home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. E. Rickleder (coroner), M.D.

(Address) St James Mo