

**JUL 27 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20845

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 Near City Farmington, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jutson M. Randol  
 (a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luerna Randol  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1848  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 9

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff & 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) Cape Girardeau County Mo.

FATHER  
 13. NAME Abraham Randol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County Mo.

MOTHER  
 15. MAIDEN NAME Sarah Poe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County Mo.

17. INFORMANT Hospital Records  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jackson, Mo. DATE 6-4-35

19. UNDERTAKER McCombs Funeral & Undertaking Co  
 (ADDRESS) Jackson, Mo.

20. FILED 6-4-35 73 J. Robinson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1935 6-4-35

22. I HEREBY CERTIFY That I attended deceased from May 26, 1935 to June 4, 1935  
 I last saw him alive on June 3, 1935. Death is said to have occurred on the date stated above, at 4:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized and marked Date of onset ?

Other contributory causes of importance: Senile Psychosis 5 years

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.  
 (Address) Farmington

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.

