

Oct 21 1936

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

Do not use this space.

33877

1. PLACE OF DEATH

County Cass
Township Austin
City (No.) St. Ward)

Registration District No. 142
Primary Registration District No. 5310

File No. _____
Registered No. _____

2. FULL NAME Oya Thomas Rando

(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 Emma Zella Rando

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 25

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) Greencastle, Ind.

13. NAME Gibson Rando

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

15. MAIDEN NAME Malinda Jane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

17. INFORMANT Mrs. Ray Garrett
(ADDRESS) Archie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Austin, Mo. DATE Sept. 15, 1936

19. UNDERTAKER H. Kins. & Easter
(ADDRESS) Archie, Mo.

20. FILED Sept 15, 1936 Mrs. Doris Adair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1936, to Sept 14, 1936
I last saw him alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at 2-40 P.M.
The principal cause of death and related causes of importance were as follows:

An Epilepsy attack brought about by fright in a car accident. Date of onset

Other contributory causes of importance:
Suffer to have a brain tumor.

Name of operation 7/10 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? accident Date of injury 7/13, 1936
Where did injury occur? on road (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Thrown against windshield
Nature of injury fright

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) B. B. Tont, M. D.
(Address) Archie Mo

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.

