

REC'D FEB 21 1939

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

2803
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 453
(b) Township Falconer Primary Registration District No. 5619 Registered No. 12
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

5311 Wester Randolph
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Randolph</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 1898</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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>Laclede, Mo</u>		
FATHER	13. NAME <u>James Randolph</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Alice Majors</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede, Mo</u>	
17. INFORMANT (ADDRESS) <u>Eva Randolph Falconer</u>		
18. BURIAL, CREMATION, OR REMOVAL PL. <u>Residence Cave</u> DATE <u>1-21</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>E. N. Blewett Rehoboth, Mo</u>		
20. FILED <u>1-21</u> 19 <u>39</u> <u>Esther Hicks</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 193922. I HEREBY CERTIFY That I attended deceased from Nov 21st 1938, to Jan 17th 1939I last saw him alive on Jan 17th 1939. Death is said to have occurred on the date stated above, at 10 a. m.

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

Atrophic cirrhosis of liver (alcoholic)Date of onset
1937Other contributory causes of importance: 124 mlName of operation none Date of _____What test confirmed diagnosis? Ph. exam. 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) B. Thompson, M. D.(Address) Rehoboth, Mo

RECEIVED

District Health Officer No. 70

District File Number 7-39-22

Date Filed 2-8-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)