

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.

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

Do not use this space.

5883

1. PLACE OF DEATH

County Jackson Registration District No. 009
Township Kaw Primary Registration District No. 100
City Kansas City (No. 3640 Elmwood)

File No. _____
Registered No. 826
St. _____ Ward _____

2. FULL NAME Edwin T. Randle

(a) Residence, No. 3640 Elmwood St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Mrs. Agnes M. Randle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29th, 1868</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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) Ark.

FATHER 13. NAME Edwin Randle

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER 15. MAIDEN NAME Harriet Boseman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO Data

17. INFORMANT Flavin E. Randle (ADDRESS) Wichita Kas.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE 2/2/33 19.

19. UNDERTAKER J. F. Lavberry (ADDRESS) City

20. FILED 2/20 1933 M. M. Kerow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1933
I last saw him live on _____, 1933. Death is said to have occurred on the date stated above, at 1:00 P. m.

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

Suicide by hanging
165 / 115
Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/19/33
Where did injury occur 3640 Elmwood, Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Hanged self with shirt
Nature of injury to rope on fork post

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) [Signature] M. D.
(Address) Deputy Coroner

