Registered No. 238

No. Grasslands Hospital St.; Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 Full name Ella Randall
3 Residence No. Cresthill Place St.; Ward New Rochelle, N.Y.
(Usual place of abode) (If nonresident, give city or town and state)

4 Length of residence in district where death occurred — Years: — Months: 4 Days: 4

5 How long in U. S., if of foreign birth? Years | Months | Days

PERSONAL AND STATISTICAL PARTICULARS

6 SEX: Female
7 COLOR OR RACE: White
8 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

8a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Harvey Randall

9 DATE OF BIRTH (month, day, year): Feb. 12, 1857

10 AGE: Years 79 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
11 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
12 Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own home
13 Date deceased last worked at this occupation (month and year): May 1926
14 Total time (years) spent in this occupation: 50

15 BIRTHPLACE (City or Town) (State or Country): Mendon Mass.

FATHER
16 NAME: Joseph Martin
17 BIRTHPLACE (City or Town) (State or Country): Montreal Canada

MOTHER
18 MAIDEN NAME: Harriett Kelly
19 BIRTHPLACE (City or Town) (State or Country): East Blackstone Mass.

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature of informant): Mary L. Randall
(Address): Cresthill Pl. New Rochelle, N.Y.

21 PLACE OF BURIAL, CREMATION, OR REMOVAL: Beechwoods Cemetery New Rochelle, N.Y.
DATE OF BURIAL: May 26 1936

22 UNDERTAKER (License No.) (Signature): Geo. T. Davis, Inc. John M. Lyon 5639
ADDRESS: New Rochelle N.Y.

23 Filed 5-23, 1936, F.R. Russell Sub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day, and year): May 23, 1936

25 I HEREBY CERTIFY, That I attended deceased from 1-19-, 1935, to 5-23, 1936
I last saw her alive on 5-23, 1936
To the best of my knowledge, death occurred on the date stated above, at 9:45 A.m.

CAUSE OF DEATH

	DURATION OF CONDITION Yrs.	Mos.	Dys.
Generalized Arteriosclerosis	Unknown		
CONTRIBUTORY CAUSES			
(a) Carcinoma of bladder	Unknown		
(b)			
(c)			
(d)			

26 Where was disease contracted, or injury sustained? Unknown

27 Name of operation, if any: none Date
Condition for which performed
Organ or part affected

28 What laboratory test assisted diagnosis? Post Mortem

29 Was there an autopsy? yes

(Signed) A.R. Bowles, M. D.
5/23, 1936 (Address) Valhalla, N.Y.

BURIAL OR TRANSIT PERMIT ISSUED BY F.R. Russell DATE OF ISSUE 5-23-1936