

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

Do not use this space.

30110

1. PLACE OF DEATH

County Wepa
Township Wepa
City Union Star (No. _____) St. _____ Ward _____

Registration District No. 4161
Primary Registration District No. 292

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Cleans Russell
(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 Female 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 Robert F. Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 | 1 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Platzburg
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Head

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Malenia Attebury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. H. H. Specker
(Address) Fremont, Neb.

15. FILE NO. 9/15-28 REGISTRAR E. M. Reynolds

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from August 1st 1928, to September 15th 1928, and that I last saw him alive on September 15th 1928, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Serum of liver and pancreas
4415 (duration) yrs. 3 mos. ds. _____
CONTRIBUTORY proliferation of reaction
(SECONDARY) (duration) yrs. 8 mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical + histology
(Signed) A. O. Varner, M. D.

(Address) Union Star Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star Cemetery DATE OF BURIAL Sept. 17 1928

20. UNDERTAKER J. H. Wilson ADDRESS King City 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.

