JUL 30 1935

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

Do not use this space.

478-a

File No.

Registered No.

1. PLACE OF DEATH

County Christian

Township North Galloway

City (No. , St. Ward)

Registration District No. 184

Primary Registration District No. 5256

2. FULL NAME Charles C Russell

(a) Residence, No. Montgomery 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 Iona Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE: Years 28 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

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) Mo

FATHER

13. NAME Charles Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Nettie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Iona Russell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highlandville Mo DATE Sept 9, 1920

19. UNDERTAKER Reid
(ADDRESS) Ozark Mo

20. FILED July 15, 1935 Loretta Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1920

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1920, to Sept 8, 1920

I last saw h alive on Sept 8, 1920 Death is said to have occurred on the date stated above, at 7 P m.

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

	Date of onset
Diabetis Mellitus	Not Known
59	

59

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? 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) J H Wade, M. D.

(Address) Ozark 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.

JUL 19 1935

Jacob Sims,
Star Route,
Highlandville, Missouri.

Claim NO. Mgr.1-C 1220,749.

In the clam of Jacob Sims for compensation, before me, A Notary Public within and for Christian County, Missouri, Personally appeared Dr. J. H. Wade, who being duly sworn on his oath says:

That he knew Charles C. Russell who depatted this life on the 8th day of September, 1920, that I attended him and treated him during his last sickness and up to the time he died on the date s-tated above.

J. H. Wade M.D.

Subscribed and sworn to before me this the 1st day of July, 1935.

Commission Expires Jan. 8, 1939

George T. Hays

Notary Public, Ozark, MO.