

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

33879

**1. PLACE OF DEATH**

County Perry Registration District No. 660 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4396 Registered No. 46  
 City Perryville Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dr. James William 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 33 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2, 1923

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emilia B Russell

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1922 to Nov 2, 1923 that I last saw him alive on Nov 2, 1923, and that death occurred, on the date stated above, at 1148 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 3 10

Chronic Endo-myocarditis  
"Angina Pectoris"  
 (duration) 20 yrs. mos. da.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Physician  
 (b) General nature of industry, business, or establishment in which employed (or employer) General practice  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Chronic Arteriosclerosis  
 (duration) 25 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo  
 (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER Elmer W. Russell

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau Mo  
 (STATE OR COUNTRY) Mo.

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Margaret C. Russell

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Geo. W. Russell, M.D.  
143, 1923 (Address) Perryville Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau Mo  
 (STATE OR COUNTRY) 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. (See reverse side for additional space.)

14. INFORMANT John Russell  
 (Address) Perryville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Longtown Luth Barn DATE OF BURIAL Nov 4, 1923

15. FILED 11/3, 1923 Arthur Kapp REGISTRAR

20. UNDERTAKER Phil A. Luebel ADDRESS Perryville Mo

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide. Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

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

**1. PLACE OF DEATH**

County Perry Registration District No. 661 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4396 Registered No. 46  
 City Perryville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dr. James William 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 - 19 23

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Emelia B. Russell

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1923 to Nov 2, 1923  
 that I last saw him alive on Nov 7, 1923, and that death occurred, on the date stated above, at 11:48 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 3 10

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Endo Myocarditis  
"Angina Pectoris"  
 (duration) yrs. mos. ds. 89  
 CONTRIBUTORY Chronic Arteriosclerosis  
 (SECONDARY) Muscular Rheumatism  
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Physician  
 (b) General nature of industry, business, or establishment in which employed (or employer) General  
 (c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF: \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_  
 (Signed) Geo. A. Blaylock, M. D.  
11-3, 1923 (Address) Perryville Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

\*State the DISEASE CAUSING DEATH, & in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

10. NAME OF FATHER Chas W Russell

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Longtown Lith. Cem Nov. 4 19 23

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

20. UMBERTAKER ADDRESS  
Phil. A. Leuckel Perryville Mo

12. MAIDEN NAME OF MOTHER Norma Crawford

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

14. INFORMANT (Address) John Russell Perryville Mo.

15. FILED 1-24, 1924 J. F. De Lasser REGISTRAR

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

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