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.

File No. 40013

Registered No. 12033

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 797

Primary Registration District No. 4002

(No. Barnes Hospital St. ..... Ward)

2. FULL NAME Clara E. Russell

(a) Residence. No. Ironton Mo St., 12 Ward. Ironton Mo
(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 Ben W. Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.

PARENTS

10. NAME OF FATHER J. Kern

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not

14. INFORMANT Ben W. Russell
(Address) Ironton Mo

15. FILED DEC 21 1926 Max C. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1926

17. I HEREBY CERTIFY, That I attended deceased from 12-21, 1926, to 12-20, 1926 that I last saw her alive on 12-20, 1926 and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, Tuberculous

25

3 3 122 B

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Obstruction

(duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Ironton, Mo

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Nov 24, 1926

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. K. Brown, M. D

12-20, 1926 (Address) Barnes Hospital

*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: Ironton Mo.

DATE OF BURIAL: Dec. 22 1926

20. UNDERTAKER: Philander Craig, King's highway

ADDRESS: 1238 N