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

Do not use this space.

285

1. PLACE OF DEATH
County: Butler — Registration District No. 87 — File No. —
Township: Beverdam — Primary Registration District No. 5129 — Registered No. 5
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Joseph W. Russell
(a) Residence. No. RR 6 - Poplar Bluff, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 - 1909

7. AGE: 17 YEARS — MONTHS: 6 — DAYS: 26 — If LESS than 1 day, ✓ hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ~~Sam Russell~~
(STATE OR COUNTRY) Butler Co Mo

PARENTS
10. NAME OF FATHER: Sam Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Butler Co. Mo.
12. MAIDEN NAME OF MOTHER: Lenada Bisspeale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT: Sam Russell
(Address) Poplar Bluff, Mo.

15. FILED R.R. 6 2/15/27 1927 M. M. Laurel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 28 1927

17. I HEREBY CERTIFY, That I attended deceased from 1/26, 1927, to 1/28/27, 19..., that I last saw him alive on 1/28, 1927, and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Appendicitis

1213 1178 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): none
(duration) ..... yrs. ..... 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 symptoms
(Signed) A. J. Clay, M. D.
2/5, 1927 (Address) Poplar Bluff 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: Bay Springs — DATE OF BURIAL: Jan 29. 1927

20. UNDERTAKER: J. J. Frank — ADDRESS: Poplar Bluff 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.