

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

Do not use this space.

21919

AUG 7

1. PLACE OF DEATH
 County Mason Registration District No. 533
 Township Primary Registration District No. 3027
 City Macon (No. 915 Missouri St. 1 Ward)

2. FULL NAME Missie Queen Victoria Russell
 (a) Residence. No. 315 Missouri St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 58 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1854 Dec 25

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73⁷² 6 8 7 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cook
 (b) General nature of industry, business, or establishment in which employed (or employer) Cooking
 (c) Name of employer J. H. Lisselman

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1927
 17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1927, to June 2, 1927, and that I last saw her/a... alive on July 2, 1927, and that death occurred, on the date stated above, at 2:52 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
7401
 (duration) yrs. mos. 5 da.

CONTRIBUTORY None (SECONDARY)
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Keosauqua
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Richard Cunningham

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

12. MAIDEN NAME OF MOTHER Lucy Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keosauqua
 (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH.....
 0 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physician
 (Signed) W. H. Miller, M. D.
July 3, 1927 (Address) Macon 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.

14. INFORMANT Mrs. Louise Russell
 (Address) 315 Missouri St. Macon Mo

15. July 5, 27 Mrs. Luke Finkle
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL wood lawn DATE OF BURIAL July 4 1927

20. UNDERTAKER J. G. Edwards ADDRESS Brewer Mo

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.

W. H.—Every item of information...
OF DR. TH...
...PHYSICIANS should state...
...REPUTATION is very important...