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

Do not use this space.

8840

399

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St Lukes Hosp. St. Ward)
Registration District No. 1998
Primary Registration District No.
File No.
Registered No. F. 1001

2. FULL NAME Daniel Russell
(a) Residence. No. Spring Hill Kansas 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-28-1912

7. AGE Years 15 Months 3 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) Spng Hill
(c) Name of employer High School

9. BIRTHPLACE (CITY OR TOWN) Spring Hill
(STATE OR COUNTRY) Kas.

PARENTS
10. NAME OF FATHER Jas. B Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Spng Hill
(STATE OR COUNTRY) Kas.
12. MAIDEN NAME OF MOTHER Ella Grady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Carrie Grady
(Address) Spring Hill Kas.

15. FILED 3-5-1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 5 1928

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1928, to March 5, 1928, that I last saw him alive on March 5, 1928, and that death occurred, on the date stated above, at 10 34 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis - (pneumococcic)
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Otitis media
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Spring Hill, Kansas -
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes -
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy - Spinal puncture
(Signed) Virgil W McCarty, M. D
3-5-, 1928 (Address) 800 Realto Bldg -

*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 Spring Hill Kas.
DATE OF BURIAL Mch 7 1928

20. UNDERTAKER P. O. Coons
ADDRESS Spring Hill Ks

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.

Dr McCarty
800 Rialto Bld.
9th & Grand