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

Do not use this space.

12213

File No. ....

Registered No. ....

1. PLACE OF DEATH

County: Barton Registration District No. 41

Township: Le Ray Primary Registration District No. 5048

City: Nevada (No. .... St. .... Ward)

2. FULL NAME: Jay F. Russell

(a) Residence: No. State Hospital #3 Nevada St. .... Ward. ....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 mos. .... ds. / How long in U.S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kate Russell (3rd Cousin)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 9, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	74	7	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farming

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

(c) Name of employer: ....

9. BIRTHPLACE (CITY OR TOWN): And.
(STATE OR COUNTRY) ....

PARENTS

10. NAME OF FATHER: Tom Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN): not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: ....

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

14. INFORMANT: Grace Russell
(Address): Lamar R 1

15. FILED 6/10, 1928 F. K. Spell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 16, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Apr. 16, 1928, that I last saw h. alive on " " 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteria Sclerosis

921.

97 908

(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY): Myocarditis

(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

(Signed) T. T. O'Dell, M. D

Apr. 16, 1928 (Address) Nevada, 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: Rosebank Cemetery

DATE OF BURIAL: Apr. 18 1928

20. UNDERTAKER: J. M. Berkey

ADDRESS: Mulberry

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.

N 30 1928