

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 1469 Laurel ave)

File No. **18513**
Registered No. **4806**
St. Ward)

2. FULL NAME

Mary Elizabeth Russell

(a) Residence. No. St. 6 Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. M. Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. ___ min.
81 2 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elkton
(STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Vincent Weathers

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

12. MAIDEN NAME OF MOTHER Elizabeth Smith

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

14. INFORMANT V. B. Russell
(Address) 1469 Laurel ave

15. FILED May 4 1928 19. Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 20, 1928, to May 3, 1928, and that I last saw her... alive on... May 3, 1928, and that death occurred, on the date stated above, at 8:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
930
107090 B (duration) yrs. mos. 15 ds.
CONTRIBUTORY Myocarditis chronic
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Fisher, M. D.
May 4, 1928 (Address) 5917 Easton Ave

*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 Elkton Ky. DATE OF BURIAL May 4 1928

20. UNDERTAKER Elmer Shepard ADDRESS 1167 Hamilton

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.

MARGIN RESERVED FOR BIRTHING

V. S. NO. 2.

