

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

Do not use this space.

1886

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 309
Primary Registration District No. 309

File No. 470
Registered No. 470
St. 1st Ward

2. FULL NAME

(a) Residence No. 3420 Roberts St., 9 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

John Russell

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

May 13, 1837

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

91

8

13

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lowell, Mass.

(STATE OR COUNTRY)

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Miss Edith Sharp
3950 Hyde Park

15.

FILED

1-30-29 M M Crow
East REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

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

Jan. 26, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1929, to Jan. 26, 1929.
that I last saw her alive on Jan. 25, 1929, and that death occurred, on the date stated above, at 12:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
general atherosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

unknown

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical, autopsy

(Signed) Jesse R. Haley, M.D.

1-26-1929 (Address) 1002 Medical Arts 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

DATE OF BURIAL

Elmwood

Jan 30, 1929

20. UNDERTAKER

ADDRESS

S. H. Newcomer Sons 167 N. 1st St.

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.

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