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.

MR 26 Ryan

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

Do not use this space.

11700

1. PLACE OF DEATH

County: Nodaway — Registration District No. 625 — File No.

Township: Polk — Primary Registration District No. 3031 — Registered No. 34

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

2. FULL NAME: Elizabeth Russnogle

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 30, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	3	19	

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: .....

13 95 234

9. BIRTHPLACE (CITY OR TOWN): Logan County
(STATE OR COUNTRY): Illinois

2

PARENTS

10. NAME OF FATHER: John Russnogle

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ohio

2

12. MAIDEN NAME OF MOTHER: Mary Downey

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

2

14. INFORMANT: Geo. Jones
(Address): Maryville

15. FILED Mar. 21 1929 C. P. Fryer, E.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1929

17. I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ Mar 1, 1929, to Mar 18, 1929, that I last saw her alive on ~~Jan~~ Mar, 1929, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

Hypertrophied heart

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

CONTRIBUTORY (SECONDARY): Kidneys Nephritis

(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? History + Symptoms

(Signed) [signature], M. D.

, 19 (Address) Maryville 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	DATE OF BURIAL
Graham, Mo.	Mar. 22 1929
20. UNDERTAKER	ADDRESS
Price Furniture Co.	Maryville, Mo.