

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

Do not use this space.

22231

29

1. PLACE OF DEATH

County Perry
Township Central
City Perryville (No. 4)

Registration District No. 660
Primary Registration District No. 4396

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	2	30	

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

9. BIRTHPLACE (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Esther Rodewald

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

14. INFORMANT (Address) Christina Russell Perryville Mo

15. FILED 6/7 29 Wes. J. Meeker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1929

I HEREBY CERTIFY, That I attended deceased from June 2, 1929, to June 6, 1929, that I last saw him alive on June 5, 1929, and that death occurred, on the date stated above, at 3:25 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
32 H
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Previous hemorrhage
(duration) yrs. 6 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 Physical
(Signed) W. T. Dauby, M. D.
, 19 _____ (Address) Perryville

*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

St. Benjamine Cem. Perryville Mo 6-8-1929

20. UNDERTAKER ADDRESS

Hollman Young & Sons Perryville Mo

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.

PERMANENT RECORD

JUL 19 1929

79
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PARENTS

Handwritten signature

