

1930

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

Do not use this space.

8022

1. PLACE OF DEATH

County Cass Registration District No. 156  
Township Grand River Primary Registration District No. 4090  
City Harrisonville St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ditto Russell

(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 9 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Martha Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1848

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

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

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

10. NAME OF FATHER George Russell

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

12. MAIDEN NAME OF MOTHER Wm Russell

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

14. INFORMANT Mrs Ditto Russell  
(Address) Harrisonville Mo.

15. FILED 9/10 30 D. Spang REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/7 1930

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1930, to March 6, 1930, that I last saw him alive on March 7, 1930, and that death occurred, on the date stated above, at 2:00 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tubercular Pneumonia

108 / 10/13 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) J. L. Scott, M. D.

, 19 (Address) Harrisonville 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 Freeman Mo. DATE OF BURIAL 3/9 1930

20. UNDERTAKER Runnburger Bros Co. ADDRESS Harrisonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

