

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

Do not use this space.

23609

File No. \_\_\_\_\_  
Registered No. 163  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Mississippi Registration District No. 5767  
Township St. James Primary Registration District No. 5763  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Russell Futrelle

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 1920

| 7. AGE | YEARS    | MONTHS | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|----------|--------|----------|--|
|        | <u>4</u> |        | <u>5</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) East Prairie Mo  
(STATE OR COUNTRY) Mississippi

10. NAME OF FATHER George Futrelle

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

12. MAIDEN NAME OF MOTHER Allie Higgins  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mississippi  
(STATE OR COUNTRY)

14. INFORMANT George Futrelle  
(Address) East Prairie Mo

15. FILED July 25 1930 Duffon Hodge  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 3-a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Dysentery  
13c  
(duration) about yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 13c  
(duration) yrs. mos. ds.

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

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

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

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Geo W Whitaker (M. D.)

\*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.  
July 25 1930 (Address) East Prairie Mo

19. PLACE OF BURIAL: CREMATION, OR REMOVAL Pinknot DATE OF BURIAL July 25 1930

20. UNDERTAKER Ed Shultz ADDRESS East Prairie 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.

AUG 26 1930

*du. W*

