

OCT 23 1930

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

Do not use this space.

1. PLACE OF DEATH

County Monroe Registration District No. 187
Township 1 Primary Registration District No. 4109
City Bellevue (No.) St. Ward

File No. 26466
Registered No.

2. FULL NAME

Helena 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1930

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

I HEREBY CERTIFY, That I attended deceased from May 9 1930 to May 23 1930
that I last saw h. alive on May 19 1930, and that death occurred, on the date stated above, at 1:40 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1885

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcemia of Intestines

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
45 4 11

402

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

Symptoms (duration) 4 yrs. mos. ds.

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

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

18. WHERE WAS DISEASE CONTRACTED St. Louis Mo
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Wm. Meridley

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 1930
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Dr. Krawiec M. D.

12. MAIDEN NAME OF MOTHER Anna Kensek

. 19 (Address) Bellevue 7110

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

*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.

14. INFORMANT Wm. Meridley
(Address) Bellevue 7110

19. PLACE OF BURIAL, CREMATION, OR REMOVAL German Cemetery DATE OF BURIAL Aug 26 1930

15. May 23 1930 FILED J. H. Brown REGISTRAR

20. UNDERTAKER A. S. Wallace ADDRESS Bellevue

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1126

5-26/60