OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County Dent
Township
City Salem (No. ..... St. ..... Ward)
Registration District No. 266
Primary Registration District No. 4164
File No. 29518
Registered No. 131

2. FULL NAME George W. Russel
(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 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 Minnie Nevins
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1873
7. AGE 57 YEARS MONTHS 7 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Dent Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Robert B. Russel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ----- (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Lenora F. Gearhart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ---- (STATE OR COUNTRY) Tenn.

14. INFORMANT Will Russel (Address) Salem Mo.
15. FILED 9/24 1930 W. E. Rudd, Tu. D. REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/23 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1930 to Sept 22, 1930 that I last saw him alive on Sept 22, 1930 and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
46.8
38
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Malaria - Chronic
(duration) yrs. 2 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?
(Signed) Lloyd H. Hunt M. D.
9/24, 1930 (Address) Salem, 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 Minor Cemetery
DATE OF BURIAL 9/24 1930
20. UNDERTAKER [signature]
ADDRESS Salem Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.
V. S. No. 2.