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

Do not use this space.

31187

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Raw — Primary Registration District No. 1002 — Registered No. 3496

City Kansas City (No. Kansas City General Hosp. St. ..... Ward)

2. FULL NAME Dora Russel

(a) Residence. No. 923 Prospect St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	6	22	

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

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

PARENTS
10. NAME OF FATHER William Fansler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Esther Ulrey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk
(Address) K.C. Gen. Hosp. K.C. Mo.

15. FILED 10/1 1930 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-11 1930, to 9-30 1930, that I last saw her alive on 9-30 1930, and that death occurred, on the date stated above, at 6:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs and
Tuberculosis of Intestine
25
27B (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? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin. & Path. Find.

(Signed) P. O. Williams, M. D.
10-1 1930 (Address) Supt K.C. Gen. Hosp.

*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
Maple Hill Cem.	Oct 2 1930
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Forster	K.C. 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.