

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County West  
Township North Benton  
City (No. ....) .....

Registration District No. 372  
Primary Registration District No. 5178

File No. 32723  
Registered No. 687  
St. .... Ward)

2. FULL NAME

John A 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 11 19

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)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Art. Russell

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

12. MAIDEN NAME OF MOTHER Deborah Hartman

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

14. INFORMANT Mrs. Hill Mass (Address) Mound City Mo.

15. FILED 10/29/30 J. C. France REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Oct 24, 1930 that I last saw him alive on Oct 24, 1930 and that death occurred, on the date stated above, at 10 9 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial Nephritis 131  
Myocarditis 936  
(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(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) J. C. France, M. D.  
10/25/30 (Address) Mound City 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

DATE OF BURIAL

Fisk's Cemetery 10/26 1930

20. UNDERTAKER

ADDRESS

W. C. Crawford Mound City Mo

