

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.

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

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

Do not use this space.

604

1. PLACE OF DEATH

County Coffey
Township Shall
City Cameron (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Charlotte Lucas Russell
(a) Residence. No. 417 South Cherry St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. 2 mos. 5 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Russell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5th 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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)

MA Pzllaski
Ill

10. NAME OF FATHER

Thomas Lucas

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

Don't know

12. MAIDEN NAME OF MOTHER

Charlotte Bowman

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

Cincinnati
Ohio

14.

INFORMANT J. B. Russell
(Address) Cameron Mo.

15.

FILED 11 24 1931 D. C. H. Risley
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Jan. 23, 1931, that I last saw him alive on Jan. 23, 1931, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Cardio-Renal disease with hyper-tension on veins
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____

WAS THERE AN AUTOPSY? _____

WHAT TESTS CONFIRMED DIAGNOSIS? _____

(Signed) J. C. Bonneau, M. D.

Jan 24, 1931 (Address) Cameron 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

Graceland Cemetery Jan. 23

20. UNDERTAKER ADDRESS

Old Moore Cameron Mo.

