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

1. PLACE OF DEATH
County Stone
Township Flat Creek
City Cape Fair
Registration District No. 1096
Primary Registration District No. 6247
File No. 8510
Registered No. 3
(No. ..... St. ..... Ward)

2. FULL NAME Samuel M. Russell
(a) Residence. No. Cape Fair St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. — mos. 54 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 " 1870

7. AGE 60 YEARS ~~1870~~ MONTHS ~~Dec~~ 1 DAYS ~~18~~ 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co Mo

PARENTS
10. NAME OF FATHER John Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Harding Co. Tenn
12. MAIDEN NAME OF MOTHER Melissa Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

14. INFORMANT Andra Carr
(Address) Cape Fair Mo

15. FILED 3/30, 1931 Chas. H. Carney REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1931

17. I HEREBY CERTIFY, That I attended deceased from April, 1930, to Feb 10, 1931 that I last saw him alive on 2 - 1, 1931, and that death occurred, on the date stated above, at 2:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Sarcoma of Stomach
AB
(duration) 1 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. R. Dozzett, M. D.
3-28, 1931 (Address) Crane 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 Cape Fair
DATE OF BURIAL Feb. 12 1931

20. UNDERTAKER Mrs. Ben Stutts
ADDRESS Reeds Spring 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.

APR 7 1931