

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

Do not use this space.

17134

**1. PLACE OF DEATH**

County... Buchanan Registration District No. 80  
Township... Tremont Primary Registration District No. 5720  
City... (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

Larn 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 | | 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Plasterer 7' 10 1/2" about  
(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) Buchanan

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) N.C.

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Buchanan

**14.**

INFORMANT W. H. Russell  
(Address) Frazier

**15.**

FILED May 14 1931 Mrs. Lucy Powell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1931

17. I HEREBY CERTIFY, That I attended deceased from May 9th, 1931, to May 13th, 1931, that I last saw him alive on May 13th, 1931, and that death occurred, on the date stated above, at 7 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
10 1/2" about (duration) 3 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

Hemorrhage lung (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, St Joseph mo

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1

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

, 19 31 (Address) Lawrence 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**

Frazier Mo May 14 1931

**20. UNDERTAKER**

**ADDRESS**

H A Sullivan Gilman 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.

JUN 26 1931

MISSOURI STATE BOARD OF HEALTH WITH ON-BOARDING INK—THIS IS A PERMANENT RECORD

