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.

18176

1. PLACE OF DEATH

County: Wyandotte — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. St. Mary's Hospital St. Ward)

File No. 2218

Registered No.

2. FULL NAME: Mrs. Ethel E. Russell

(a) Residence, No. Overland Park - Kans. 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: 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: Irl B. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 23, 1893

7. AGE: YEARS 37 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Frank Marmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: Carrie C. Swedlen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Irl B. Russell

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Amsterdam, Mo. DATE: May 23, 1931

19. UNDERTAKER (ADDRESS): Gates Funeral Home K.C.K.

20. FILED: 5/22, 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21 - , 1931

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 21, 1931

I last saw her alive on May 21, 1931. Death is said to have occurred on the date stated above, at A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic adenoma of Thyroid Gland	1928
Chronic myocarditis	1928
66B	
66E	
93C.	

Other contributory causes of importance:

Status Thymico lymphaticus

Name of operation: Thyroidectomy — Date of 5-20-31

What test confirmed diagnosis? operation & autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. E. Castles, M. D.

(Address) 822 Argyle Bldg K.C. Mo

MAR 2 1945