

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

Do not use this space.

20550

JUL 22 1931

1. PLACE OF DEATH

County Boone
Township Springfield
City Washington (No. _____)

Registration District No. 73
Primary Registration District No. 5112

File No. _____
Registered No. 133
St. _____ Ward)

2. FULL NAME

Sallie Russell
(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Boone County
(STATE OR COUNTRY) Missouri

13. NAME Presley Gray

14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Colbert

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

17. INFORMANT Willie Logan
(ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Log Providence DATE 6-19 1931

19. UNDERTAKER Steady J. Baker 2910
(ADDRESS) 16th Street, Columbia Missouri

20. FILED 6/18/31 F. C. Suggett
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1931

22. I HEREBY CERTIFY, (that) I attended deceased from June 13, 1931, to June 16, 1931
I last saw her alive on June 16, 1931 Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

Obstetrical obstruction Date of onset 6-9-31

Other contributory causes of importance:
Thrombosed (uterus)
embolical Lemia

Name of operation Release of thrombosed uterus Date of 6-16-31

What test confirmed diagnosis? spec. 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? _____

If so, specify _____

(Signed) Rudolph A. Roberts, M. D.

(Address) Columbia Mo

N. B.—Every item of information should be carefully supplied. Do not show the 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.

