

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.

SEP 24 1931

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

Do not use this space.

28849

1. PLACE OF DEATH

County Miller
Township Bellevue
City Lucas, Mo. (No. 4333)

Registration District No. 564
Primary Registration District No. 5756

File No.
Registered No.
St. Ward)

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal 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 Joseph Shiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>10</u>	<u>16</u>	

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

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) Mo

FATHER: 13. NAME William Russell 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER: 15. MAIDEN NAME Margaret Russell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) J. C. Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE 1007 Milwaukee DATE 8/19, 1931

19. UNDERTAKER (ADDRESS) DeFaye

20. FILED 8/120, 1931 5777/Qu Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 18, 1931. I last saw her alive on Aug 18, 1931. Death is said to have occurred on the date stated above, at 4:50 am. The principal cause of death and related causes of importance were as follows:

Diabetes Date of onset 59

Other contributory causes of importance: ex of the liver

Name of operation: Date of: 40

What that confirmed diagnosis? Diabetes Was there an autopsy? no

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) S. H. Kowarski, M. D. (Address) Trenton

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