NOV 24 1931

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

Do not use this space.

34266

1. PLACE OF DEATH
County Holt
Township
City Oregon (No. St. Ward)
Registration District No. 373
Primary Registration District No. 4219
File No.
Registered No. 18

2. FULL NAME Robert H Russell
(a) Residence. No. Oregon mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~1858~~ Dec. 9, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	10	15	

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

9. BIRTHPLACE (CITY OR TOWN) Oregon
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER R. H. Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Fred Morgan
(Address) Oregon, Mo.

15. FILED 10/26, 1931 M. P. Chandler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Oct 24, 1931, that I last saw him alive on Oct 24, 1931, and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellatus
59
980
(duration) 6 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Gangrene of foot
(duration) yrs. 2 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Mound city, Mo., Mayos,
DID AN OPERATION PRECEDE DEATH? Yes amputation of leg at about 1928 DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Haines and Arthurs
(Signed) C. F. Kearney, M. D.
, 19 (Address) Oregon, 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 Maple Grove Cem Oregon
DATE OF BURIAL 10-26 1931
20. UNDERTAKER L. V. Lehmer
ADDRESS Oregon Mo

Exact statement of OCCUPATION is very important. ... may be properly classified.