

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

Do not use this space.

**1. PLACE OF BIRTH**

County Honolulu  
Township Maunaloa  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 389  
Primary Registration District No. 5543

File No. 40790-A  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah Ellen 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 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 J. H. Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 8 16 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Home duties  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Madison Mo  
(STATE OR COUNTRY) \_\_\_\_\_

**PARENTS**  
10. NAME OF FATHER Tom Haddock  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co  
12. MAIDEN NAME OF MOTHER Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

14. INFORMANT Mae Russell  
(Address) Northampton Mo

15. FILED Mar 14 1932 H. V. Thompson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC-23-1931

17. I HEREBY CERTIFY, That I attended deceased from Dec-13- 1931, to Dec 22- 1931 that I last saw him alive on Dec-22- 1931, and that death occurred, on the date stated above, at 8:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senility  
162 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 162 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Frank Gullic M. D.  
. 19 (Address) Northampton 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 Coronet Cemetery DATE OF BURIAL Dec 24 1931

20. UNDERTAKER Family Friends ADDRESS Northampton 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. APR 26 1932

It is very important  
to have a copy of this

to be sure that you  
are not missing anything

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Howell  
Township Myath  
City                      (No.                     )

Registration District No. 389  
Primary Registration District No. 5543

File No.                       
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

Sarah Ellen Russell

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-8-1851

7. AGE YEARS 80 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.

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

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)                     

13. NAME                     

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL                     

PLACE                      DATE                     , 19                    

19. UNDERTAKER (ADDRESS)                     

FILED 3/14 1922 H. B. Thompson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from                      to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

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

Date of onset                     

Other contributory causes of importance:                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

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)                     , M. D.

(Address)                     

**SUPPLEMENTARY**

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-40790-A