

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

Do not use this space.

7828

1. PLACE OF DEATH

26 County Clinton
4 Township Plattburg
2 City Plattburg (No.)

Registration District No. 207
Primary Registration District No. 4/25-

File No.
Registered No. 52 St. Ward)

2. FULL NAME

George Walter 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1917</u>		
7. AGE	YEARS <u>14</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	
	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) <u>Sullivan County Missouri</u>		
FATHER	13. NAME <u>Wm. Russell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Chloe Thomas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan County Missouri</u>	
17. INFORMANT (ADDRESS) <u>Wm. Russell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattburg</u> DATE <u>3-6</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Nelson</u>		
20. FILED <u>Mar 6</u> 19 <u>32</u> <u>G. D. Chastani</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932 to March 4, 1932
I last saw him alive on Mar 4, 1932 Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

<u>Lobar Pneumonia</u>	<u>199</u>	<u>Mar 1</u>
<u>Food Poisoning</u>		<u>Feb 28</u>

Other contributory causes of importance: 199 (1)

Name of operation None Date of
What test confirmed diagnosis Autopsy Were 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) W. B. Nelson, M. D.
(Address) Plattburg Mo

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.

MAY 23 1932

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