

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

Do not use this space.

8383

1. PLACE OF DEATH

County Jackson Registration District No. 3
Township Kau Primary Registration District No. 9
City Kansas City (No. 100) General Hosp St. 1 Ward 1

File No. 8383
Registered No. 950
St. 1 Ward 1

2. FULL NAME

~~Robert~~ Russell, Bertha A
(a) Residence, No. 62 E 53rd St Ward 8
(Usual place of abode)

Length of residence in city or town where death occurred 11 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 03

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

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) West Virginia

13. NAME Henny Seaman

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

15. MAIDEN NAME Florence Fleisher

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

17. INFORMANT (ADDRESS) De und Clerk R. C. Gen Hosp. R. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville Mo DATE 3/8

19. UNDERTAKER (ADDRESS) Myrtle & Co

20. FILED 3-7-12 19 32 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1931 to 2-5 1932

I last saw her alive on 3-5 1932 Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Bronchopneumonia Date of onset

95B
107A 95C

Other contributory causes of importance: Cardiac decompensation

Name of operation none Date of

What test confirmed diagnosis? no 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

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) B. Williams M. D.

(Address) Supd R. C. Gen Hosp R. C. Mo 3-7-12

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.

