

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 28 1932

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

Do not use this space.

14946

## 1. PLACE OF DEATH

County Saline  
 Township Marion  
 City Marion, Mo. (No. 7)

Registration District No. 796Primary Registration District No. 3038

File No. ....

Registered No. 46

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Jennie May Russell 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1849

7. AGE YEARS 83 MONTHS 0 DAYS 30 If LESS than 1 day, .... hrs. or .... min.

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) Boonville, Mo.13. NAME Waller Trusher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.15. MAIDEN NAME Mary Margaret Waller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.17. INFORMANT Mrs. J. H. Waller (ADDRESS) Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waller B. Carter DATE April 8 193219. UNDERTAKER J. H. Waller (ADDRESS) Marion, Mo.20. FILED 4-14 1932 Mrs. John H. McQuinn Registrar.

## ✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 193222. I HEREBY CERTIFY, That I attended deceased from March 30 1932 to April 7 1932I last saw her alive on April 7 1932 Death is saidto have occurred on the date stated above, at 8:00 a.m.

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

Sporadic pneumonia Date of onset8:0011:008:00Other contributory causes of importance: 1HemiplegiaName of operation Chord Date of noWhat test confirmed diagnosis? Chord 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) John H. Waller M. D.(Address) Marion, Mo.

