

WHITE PLAIN, 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.

JUN 28 1932

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

Do not use this space.

16813

1. PLACE OF DEATH
 66 County Miller Registration District No. 561
 Township Saline Primary Registration District No. 5-758
 City near Olean (No. _____) St. _____ Ward _____

2. FULL NAME James Shelton Russell
 (a) Residence, No. Olean Mo. R.R. 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)

File No. _____
 Registered No. 88
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Worcey Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	76	6	27	

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

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) Russellville, (STATE OR COUNTRY) Missouri.

FATHER

13. NAME John C. Russell

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

MOTHER

15. MAIDEN NAME Anna Amos

16. BIRTHPLACE (CITY OR TOWN) Russellville, (STATE OR COUNTRY) Missouri.

17. INFORMANT Lillie Russell (ADDRESS) Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Spring Garden Cem. DATE May 9th, 1932

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 6-10 1932 Belle Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him alive on _____, 19____ until after death, 19____. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart Date of onset 5-8-32
930
1515
T B L D
 Other contributory causes of importance:
myocarditis ?
 (1)

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____
 (Signed) E. B. Shelton _____, M. D.
 (Address) Eldon Mo

