

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

Do not use this space.

28133

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
Township..... Primary Registration District No. 3038  
City Marshall, Mo. (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

Russell Lee Davenport  
(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 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 Winnie M. Larty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>22</u>	<u>11</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov. Engineer  
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) Odem, Mo.

13. NAME Robt. L. Davenport

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Johnson, Mo.

15. MAIDEN NAME Fannie Fickle

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Odem, Mo.

17. INFORMANT (ADDRESS) Robt. L. Davenport

18. BURIAL, CREMATION, OR REMOVAL PLACE Odem, Mo. DATE Aug 8, 1932

19. UNDERTAKER (ADDRESS) J. L. Swartz

20. FILED Sept 2, 1932 A. C. Putnam Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Aug 7, 1932  
I last saw him alive on Aug 6, 1932. Death is said to have occurred on the date stated above, at 9:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Pul Tuberculosis Date of onset 1928

Other contributory causes of importance: 23A 23 (1)

Name of operation..... Date of.....  
What test confirmed diagnosis Alum 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) A. C. Putnam M. D.

(Address) Marshall, Mo.  
Aug 8 - 32

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.

SEP 27 1932

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FEB 17 1942

DEC 3 1941