

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

Do not use this space.

31961

1. PLACE OF DEATH

39 County **GREENE** Registration District No. **317**
 Township **REPUBLIC** Primary Registration District No. **4192**
 2 City **REPUBLIC** (No. _____, _____, _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME WILLIAM 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 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 **HUSBAND OF LAURA PALMER**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUG. 27th 1859**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 22 & 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **MERCHANT**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **GROCERIES STORE**
 10. Date deceased last worked at this occupation (month and year) **SIX MONTHS** 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENNESSEE 21**

FATHER 13. NAME **MARTIN RUSSELL**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENNESSEE**

MOTHER 15. MAIDEN NAME **MARGRETTE weeks**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENNESSEE**

17. INFORMANT (ADDRESS) **John M. Russell Republic Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Evergreen Cemetery** DATE **Oct. 24 1932**

19. UNDERTAKER (ADDRESS) **R. F. Thurman Republic, Mo.**

20. FILED **10/24 1932** **V. W. Shower** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 23 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 29 1929** to **Oct. 29 1932**
 I last saw him alive on **Oct. 22 1932** Death is said to have occurred on the date stated above, at **2 a. m.**
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 Other contributory causes of importance: **1 3 1**
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. S. Grunke**, M. D.
 (Address) **Republic, Mo.**

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.

NOV 23 1932

