

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

Do not use this space.

36477

1. PLACE OF DEATH  
 County Montgomery Registration District No. 593  
 Township Danville Primary Registration District No. 4351  
 City New Florence Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas R. Russell  
 (a) Residence, No. New Florence - mo Si. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. 86  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fanny Dixon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 27, 1851</u>				
7. AGE	YEARS <u>81</u>	MONTHS	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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) <u>1-2-26</u>			
11. Total time (years, months, and days) spent in this occupation.				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mineral mo.</u>				
MOTHER / FATHER	13. NAME <u>Harmon Russell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Matilda Canton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
17. INFORMANT <u>Walter H. Schepman</u> (ADDRESS) <u>New Florence mo.</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Dyers cent.</u> DATE <u>11/5</u> 19 <u>32</u>				
19. UNDERTAKER <u>Bert Baker</u> (ADDRESS) <u>Americus mo.</u>				
20. FILED <u>11/9</u> 19 <u>32</u> <u>James O. Helm</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1932 to Nov-3- 1932  
 I last saw him alive on Nov 3 1932. Death is said to have occurred on the date stated above, at 2:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Angina pectoris  
94A  
93C  
94A  
 Other contributory causes of importance:  
Chronic Myocarditis ?  
 Date of onset Nov 2, 1932

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ 1932  
 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) James O. Helm M. D.  
 (Address) New Florence mo.

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.

NOV 25 1932

