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.

MAR 30 1933

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

Do not use this space.

6483

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No. 65

Township Mason — Primary Registration District No. 30 rg — Registered No. 65

1 City Hannibal (No. St. Elizabeth Hos. St. 6th Ward)

St. Elizabeth Hospital

8 **2. FULL NAME** Russell Lloyd Dearing

(a) Residence, No. Palmyra Mo. St., Ward. Palmyra Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	3	5	

OCCUPATION

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

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) Marion County, Missouri

FATHER

13. NAME Russell Dearing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

MOTHER

15. MAIDEN NAME Edith Mallory Dearing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

17. INFORMANT (ADDRESS) Russell Dearing Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra, Mo. DATE 2/23/33 Greenwood Cemetery

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED 2/23, 1933 C. E. Clousius Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to Feb 21, 1933

I last saw him alive on Feb 21, 1933. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Appendicitis — Date of onset

121A

121C 121

Other contributory causes of importance:

Ruptured Appendix

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) Dr F. D. Wolfe, M. D.

(Address) Palmyra.

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