

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

Do not use this space.

3841

1. PLACE OF DEATH

84 County Tolk
Township Marrion
City (No. _____) _____

Registration District No. 701
Primary Registration District No. 1920

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Anna Russell

(a) Residence, No. _____ 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Russell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 - 1875</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>6</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse Keeper</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)		
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1933

22. I HEREBY CERTIFY That I attended deceased from July 9, 1931, to Jan 31, 1933
I last saw her alive on Jan 30, 1933 Death is said to have occurred on the date stated above, at 1212 N 7th
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Other contributory causes of importance:

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) J. W. Bridges, M. D.
(Address) 1201 Live Oak

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	13. NAME <u>W. D. Graves</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	15. MAIDEN NAME <u>Mary Glass</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	17. INFORMANT (ADDRESS) <u>Frank Russell</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salmon</u> DATE <u>Feb 1</u> , 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Hutchison-Blue</u>	
20. FILED <u>2-1</u> , 19 <u>33</u> <u>D. Robert</u> Registrar	

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.

