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.

AUG 22 193

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

Do not use this space.

22509

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 124 — File No.
2 Township Byrd — Primary Registration District No. 4070 — Registered No. 29
2 City Jackson Mo. (No. ..... St. ..... Ward)

2. FULL NAME Martha LuElla Russell

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 5 – 1863

7. AGE: YEARS 70 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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): Missouri

FATHER
13. NAME: U. M. McCombs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co. Mo

MOTHER
15. MAIDEN NAME: Nancy Frick.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Poena Shanner, Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE July 3 1933

19. UNDERTAKER (ADDRESS): McCombs Funeral Co. Jackson Mo.

20. FILED 7-3 1933 D. G. Tuberson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to July 1, 1933
I last saw her alive on June 3, 1933. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Paralysis agitans — Date of onset

8 1 B — 8 1 B

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? No.
If so, specify
(Signed) B. W. Hays, M. D.
(Address) Jackson, Mo.