

Charley -

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

Do not use this space.

35390

1. PLACE OF DEATH
 104 County Stone Registration District No. 842
 Township Lincoln Primary Registration District No. 6259
 City (No.) St. Ward

2. FULL NAME Porter Reed 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-1-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 7 16

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

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) Crane Mo

13. NAME Nadley Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elroy Mo

15. MAIDEN NAME Opal Hilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane Mo

17. INFORMANT Nadley Russell
 (ADDRESS) Galena Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic Cem DATE Oct 18 1933

19. UNDERTAKER (ADDRESS) Family

20. FILED Oct 17 1933 Mrs Ethel Duggill
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1933, to Oct 17 1933
 I last saw him alive on Oct 12 1933. Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Dysentery
 Date of onset

Other contributory causes of importance 10

Name of operation X Date of 1
 What test confirmed diagnosis? X 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, 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) J. J. [unclear], M. D.
 (Address) Galena 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 10 1933

