

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

Do not use this space.

118

2

1. PLACE OF DEATH

County Bates Registration District No. 366
Township Deepwater Primary Registration District No. 5075
City (No.) St. Ward)

2. FULL NAME

Daniel Webster Russell

(a) Residence, No. St. Ward.

(If nonresident, give city or town and State)

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10th 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
76 12

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

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) Chariton Iowa

13. NAME Irvin Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Nina F Russell (ADDRESS) Bates mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Radford DATE Jan 23 1934

19. UNDERTAKER Culbert (ADDRESS) Bates

20. FILED Jan 23 1934 Grace V. Odneal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 19. to 19.

I last saw h. alive on 19. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

gun shot wound in head. suicide

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? suicide Date of injury 1/22 1934

Where did injury occur? Bates Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound

Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Walter B. ... M. D.

(Address) Common Bates Co Mo

Bates Mo

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.

