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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 391 — File No. 1505A
Township ~~Kaw~~ — Primary Registration District No. [illegible] — Registered No. 489
City Kansas City, Mo (No. 3511 College St. Ward)

2. FULL NAME Clarissa Sanford Russell
(a) Residence, No. 3511 College St., Ward.
(Usual place of abode) (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 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 James M. Sanford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Penn.

FATHER
13. NAME Samuel Martz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Clarence Sanford 3511 College

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 2-1-1934 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc. 3811 Broadway

20. FILED Jan 31 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933, to Jan 29, 1934
I last saw her alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at 1:45 P.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
93C
162

Other contributory causes of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? 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) [signature], M. D.
(Address) 916 Chambers Bld

Exact statement of OCCUPATION is very important.