MAR 24 1934

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

Do not use this space.

4172

1. PLACE OF DEATH
County Cape — Registration District No. 125 — File No.
Township — Primary Registration District No. 3009 — Registered No. 33
City Cape Girardeau (No. , Saint Francis Hospital St. Ward)

2. FULL NAME Russell Smith

(a) Residence, No. St., Ward. New Madrid - Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1919

7. AGE: YEARS about 15 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
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) Feb 12/34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

FATHER
13. NAME Wm Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Lollie Brooks-Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

17. INFORMANT (ADDRESS) Wm Smith

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fathom Cemetery DATE Feb 4, 1934

19. UNDERTAKER (ADDRESS) Richards Und Co., New Madrid - Mo

20. FILED 2/4, 1934 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1934, to 2-3, 1934
I last saw him alive on 2-3, 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis RC	
121B	
129	

Other contributory causes of importance:
Appendicitis RC

Name of operation Appendectomy Date of 1/28/34
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) A L Dull, M. D.
(Address) Cape Girardeau 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD