

JUN 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Lincoln
City Lincoln (No. _____)

Registration District No. 1075
Primary Registration District No. 5381

File No. 16263
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11 1934</u>		
7. AGE YEARS <u>X</u>	MONTHS <u>X</u>	DAYS <u>X</u>
IF LESS than 1 day, ____ hrs. or ____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <u>Vigor Mo.</u>		
13. NAME <u>Russell R. Christensen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo.</u>		
15. MAIDEN NAME <u>Inez Elvie Haddock</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austin Texas</u>		
17. INFORMANT <u>W. W. Christensen</u> (ADDRESS) <u>27th Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Family Cem.</u> DATE <u>May 11 1934</u>		
19. UNDERTAKER <u>None</u> (ADDRESS) _____		
20. FILED <u>May 22 1934</u> <u>J. D. Aird</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934, to _____, 19____.

I last saw him alive on 11, 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset May 11 1934

Other contributory causes of importance: Deficient Nutrition

Name of operation None Date of _____

What test confirmed diagnosis? Physical 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) Dr. R. M. Norman, M. D.
(Address) 27th Mo.

