MAY 25 1934

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

Do not use this space.

17635

1. PLACE OF DEATH
County Perry
Township Central
City Perryville (No. ..... St. ..... Ward)

Registration District No. 660
Primary Registration District No. 4396

File No. 27
Registered No. .....

2. FULL NAME Ellen Russell

(a) Residence, No. County Farm 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 Femal
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) Feb 22-1864

7. AGE YEARS 70 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Invalid
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) Perryco Mo

FATHER
13. NAME James Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island

MOTHER
15. MAIDEN NAME Mary Ann Elliott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island

17. INFORMANT (ADDRESS) Mrs Henry Schulte McGuire Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE May 5 1934

19. UNDERTAKER (ADDRESS) YOUNG + FENWICK PERRYVILLE, MO.

20. FILED May 5 1934 Ed L Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to May 4, 1934

I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 7 P.m.

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

Myocarditis
93D
11B 934

Date of onset

Other contributory causes of importance:
Influenza Oct 10-1933

Name of operation None 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? None 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) Harry J. Knapp, M. D.
(Address) Perryville 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.