

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

baby  
Do not use this space.

20458

**1. PLACE OF DEATH**

County Jackson Registration District No. 39  
Township Waverly Primary Registration District No. 10  
City Brighton St. Ward

File No. \_\_\_\_\_  
Registered No. 2528

**2. FULL NAME**

(a) Residence, No. 2811 Brighton 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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF No

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
1 6 20

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

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) Kansas City Mo

13. NAME Mark Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oke Wells Kan

15. MAIDEN NAME Billie W Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Custer Okla

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION OR REMOVAL PLACE Mt Calvary DATE 11.2

19. UNDERTAKER (ADDRESS) Tiger, Frank & Son

20. FILED 6-13-37 M.M. Coakley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 06/13/37 . 1937

22. DEATH CERTIFICATE Issued from \_\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 1937. 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:

Fractured body in the tached Asphyxiation

Other contributory causes of importance:

194A 194A

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

23. If death was due to external cause (such as fall, fire, etc.) specify the following: Accident, suicide, or homicide. Date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Asphyxiation

Nature of injury Asphyxiation

24. Was disease (injury) in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W.H. Hall M. D.

(Address) W.H. Hall

\_\_\_\_\_ M. D.

\_\_\_\_\_ M. D.

\_\_\_\_\_ M. D.

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.

DL 1-7 1934

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

