

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.

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

Do not use this space.

APR 26 1935

399

9366

1. PLACE OF DEATH  
County Jackson Registration District No. 1002  
Township Kaw Primary Registration District No. 44 West Concord  
City Kansas City (No. 44 West Concord) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Pelle Owen Russell  
(a) Residence, No. 44 West Concord 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.

File No. \_\_\_\_\_  
Registered No. 1316  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Rev. B. B. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 25, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>85</u>	<u>0</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Fairview Kentucky

13. NAME M. A. Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawkins County Tennessee

15. MAIDEN NAME Lenora Ann Reasons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. Frances Craig  
(ADDRESS) 44 West Concord

18. BURIAL, CREMATION, OR REMOVAL PLACE Fresh Hill Ametery DATE March 26, 1935

19. UNDERTAKER Stuart McChese  
(ADDRESS) 3235 Bellview Plaza

20. FILED 3-26 1935 M. M. Crowe  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1935 to 3-24 1935  
I last saw him, alive on March 24, 1935. 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:  
Arteriosclerosis Myocarditis  
Coronary Arteriosclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Coronary Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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) The Acting M. D.  
(Address) 1610 Prof. Bldg. U.C.M.

