JUN 24 1935

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

Do not use this space.

16643

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township ~~KAW~~ — Primary Registration District No. 1002 — Registered No. 2456
City KANSAS CITY (No. VINEYARD PARK HOSPITAL St. Ward)

2. FULL NAME SEAMAN RUSSELL
(a) Residence, No. 3917 EAST 9TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS ~~NETTA~~ Margaret Annette McCORMICK RUSSELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 27 1863

7. AGE: YEARS 72 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFORMATION CLERK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CITY ENGINEER'S OFFICE
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY COUNTY MISSOURI

FATHER
13. NAME SAMUEL RUSSELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast ~~SCOTLAND~~ Ireland

MOTHER
15. MAIDEN NAME RUTH Ann FISHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville ~~UNKNOWN~~ Tenn.

17. INFORMANT (ADDRESS) MRS. ~~NETTA~~ Margaret Annette McCORMICK RUSSELL 3917 EAST 9TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE MAY 26 1935

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED May 24, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1935, to May 23, 1935
I last saw h... alive on May 23, 1935 Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	5-17-35
46	
Other contributory causes of importance:	
Carcinoma of Colon	12-1-34

Name of operation Resection of Colon Date of 5-20-35
What test confirmed diagnosis? Biopsy 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? No
If so, specify
(Signed) J. G. Sheldon, M. D.
(Address) 922 Walnut K.C. 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.

604 Commerce Bldg
2:45 - 3:45