

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.

23575

1. PLACE OF DEATH

53 County Lawrence
Township
City Mt Vernon (No. 4283)

Registration District No. 420
Primary Registration District No. 5093

File No.
Registered No. 664
St. Ward

2. FULL NAME William Russell

(a) Residence, No. 1 (Usual place of abode) Mexico, Mo St. 4 Ward.
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Willean Russel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>38</u>	MONTHS <u>-</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935 to July 6, 1935
I last saw him alive on July 6, 1935. Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 6/1/34
P.A.

Other contributory causes of importance:
[Signature]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla Mo</u>
13. NAME <u>Columbus Russell</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla, Mo.</u>
15. MAIDEN NAME <u>Beatilda Dublin</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla, Mo.</u>
17. INFORMANT (ADDRESS) <u>Records of family</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico Mo</u> DATE <u>July 7, 1935</u>
19. UNDERTAKER (ADDRESS) <u>Phyllis & Family Mt. Vernon Mo</u>
20. FILED <u>July 9, 1935</u> <u>P. A. Holmes</u> Registrar

Name of operation
What test confirmed diagnosis? clinical 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
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 Scott P. Duica, M. D.
(Signed) [Signature]
(Address) Mt. Vernon, Mo.

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