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.

SEP 19 1935

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

Do not use this space.

297

26110

1. PLACE OF DEATH

County: Franklin — Registration District No. 294 3016 — File No.

Township — Primary Registration District No. 549R — Registered No.

City: Washington (No. St. Francis Hospital St. Ward)

2. FULL NAME Russell Charles Townsville

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

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1935

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

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.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Mo

FATHER

13. NAME Russell Frederick Townsville

14. BIRTHPLACE (CITY OR TOWN) ~~St. Clair~~ (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Virginia Hopkins

16. BIRTHPLACE (CITY OR TOWN) St Clair (STATE OR COUNTRY) Mo.

17. INFORMANT Russell F. Townsville (ADDRESS) St. Clair Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Clair Mo DATE Aug 15, 1935

19. UNDERTAKER Self (ADDRESS)

20. FILED Aug 17, 1935 W. H. Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1935, to Aug 14, 1935

I last saw him alive on Aug 14, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

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

Injuries resulting from fall

Date of onset

Other contributory causes of importance:

Prolonged labor

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? 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) R. R. Coates, M. D.

(Address) Washington Mo