NOV 13 1935

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

Do not use this space.

33203

File No.

Registered No. 28

1. PLACE OF DEATH

County Lawrence — Registration District No. 468

Township Buck Prairie — Primary Registration District No. 4281

City Marionville, (No. , St. Ward)

35

2. FULL NAME Malvolm Almaine Russell

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6	22	

OCCUPATION

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

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) Paris Texas.

FATHER

13. NAME John Russell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Lavina Gose

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

17. INFORMANT Raymond Russell (ADDRESS) Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Oct 9, 1935

19. UNDERTAKER Bradford's Funeral Home (ADDRESS) Marionville Mo.

20. FILED Nov. 10, 1935 Laura O. Cannady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to Oct 9th, 1935

I last saw h alive on Oct 7th, 1935. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

	Date of onset
Arteriosclerosis	
47	

Other contributory causes of importance:

Name of operation 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?

If so, specify

(Signed) F. W. Lester, M. D.

(Address) Marionville 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.