JUL 24 1936

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

Do not use this space.

22986

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. #1002 — Registered No. 2918
City K.C. Mo. — No. Gen'l Hosp #2 — St. — Ward)

2. FULL NAME Tom Russell
(a) Residence, No. 3204 Baltimore 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 Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 55 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3704 Baltimore
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) Kentucky

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. E. O. Goodman 3704 Baltimore
18. BURIAL, CREMATION, OR REMOVAL PLACE B.R.Z. Cemetery DATE 6-19-1936
19. UNDERTAKER (ADDRESS) Flynn + Greenstreet K.C. Mo.
20. FILED 6/18 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16, 1936
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental fall
Fracture of Spine (Cervical)

Other contributory causes of importance

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? Acc. Date of injury 6-15, 1936
Where did injury occur? Don't Know (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Acc. fall
Nature of injury Fracture of Spine

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Lucian P. Richardson, M. D.
(Address) 1832 Vine

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.