

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

Do not use this space.

23181

JUL 21 1936

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Franklin Primary Registration District No. 1002
 City Camas City (No. 120) Camas City St. Ward

2. FULL NAME Darral Russell
 (a) Residence, No. 2920 Forest St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hr. ormin.
	<u>58</u>	<u>10</u>	<u>2</u>	<u>none</u>

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) (STATE OR COUNTRY) mo

MOTHER FATHER

13. NAME Darral S. Russell

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

MOTHER

15. MAIDEN NAME Julia McWilliams

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

17. INFORMANT De walter
 (ADDRESS) 1200 1/2 Camas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE 7/2/36 19.

19. UNDERTAKER Wm. S. Gibson Co
 (ADDRESS) 20 W. Elmwood

20. FILED July 2 1936 M. M. Corwin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-24-1936 to 6-30-1936
 Last saw him alive on 6-30-1936 Death is said to have occurred on the date stated above, at 12:35 am
 The principal cause of death and related causes of importance were as follows:
Subarachnoid hemorrhage Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? Yes

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) J. H. Gaudin M. D.
 (Address) 1200 1/2 Camas City

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.

