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 21 1936

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

Do not use this space.

F. Camp
30581

File No. 699
Registered No.

1. PLACE OF DEATH
County Green — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield, Mo. (No. St. Johns Hosp. St. Ward)

2. FULL NAME W. O. Russell
(a) Residence, No. Greenfield, Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Married~~

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875 not known

7. AGE: Years about 61 — Months not — Days known — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loan
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County

FATHER
13. NAME C. Z. Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Ala A. Teagarden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Oran Russell Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield Mo. DATE Aug. 16 1936

19. UNDERTAKER Herman Lohmeyer
(ADDRESS)

20. FILED 8-15-1936 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1936, to Aug. 14, 1936
I last saw him alive on Aug. 14, 1936. Death is said to have occurred on the date stated above, at 4:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	?
59	
Other contributory causes of importance: Acute Rheumatic fever.	Aug 36

Name of operation none Date of
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, 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) Francis B. Lemm, M. D.
(Address) Springfield Mo