

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

Do not use this space.

OCT 21 1936

33884

1. PLACE OF DEATH

County Cass
Township Coldwater

Registration District No. 151
Primary Registration District No. 5-215-

File No. _____
Registered No. 13

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Stephen Johnson Russell

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-21-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 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) Mar 33 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co., Va.

13. NAME Joe Russell

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

15. MAIDEN NAME Alice Stubblefield

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

17. INFORMANT Mrs. S. J. Russell (ADDRESS) Drexel - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon Cem DATE Sep-5-1936

19. UNDERTAKER J. B. Hays (ADDRESS) Drexel Mo

20. FILED 9-4-1936 John Bundy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep-3-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug-12-1936, to Sept-3-1936

I last saw him alive on Sept-7-1936 Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Hypostatic Pneumonia Date of onset Aug 12

Other contributory causes of importance: Fracture Rt Hip Aug 12

Name of operation _____ Date of _____
What test confirmed diagnosis: Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 12 1936

Where did injury occur? Cass Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Fracture Rt Hip
Nature of injury By fall at well platform

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Orlando R Payne M. D.
(Address) Drexel 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.

