NOV 28 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 418 — File No. 34779
Township Jasper — Primary Registration District No. 5572 — Registered No. 26
City ~~Opolis~~ Kans R 4 D #1 St. Ward)

2. FULL NAME Etta Russum
(a) Residence, No. Opolis, Kans St., R 7 D #1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 L W Russum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1871
7. AGE Years 65 Months 5 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Clay Co Mo

FATHER
13. NAME Lamb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So Carolina

MOTHER
15. MAIDEN NAME Lula Henshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) L W Russum Opolis Kansas R 7 D
18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cemetery 9-15-36
19. UNDERTAKER (ADDRESS) Ellsworth Middle 11 & W 4th St Pittsburg
20. FILED 9/14, 1936 W. H. Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1936, to Sept 12th, 1936
I last saw her alive on Sept 12, 1936. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage	Sept 9-36
(2) Hypertension	Probably 10 yrs

Other contributory causes of importance:

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) C B Newman, M. D.
(Address) Pittsburg Kans

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.