

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

Do not use this space.

36480

OCT 21 1936

1. PLACE OF DEATH

County Vernon  
Township Washington  
City (No. ....) St. .... Ward .....

Registration District No. 875  
Primary Registration District No. 6162

File No. ....  
Registered No. 266  
St. .... Ward .....

2. FULL NAME

(a) Residence, No. State Hospital # 3 St. .... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	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) Ohio Penn.

FATHER 13. NAME Wm. Gings

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

MOTHER 15. MAIDEN NAME Mary Straly

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

17. INFORMANT (ADDRESS) M. M. Gings, Walker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Sep 15 1936

19. UNDERTAKER (ADDRESS) Allen D. Hays Nevada, Mo.

20. FILED 9/15 1936 M. Oehninger 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 May 2 1933, to Sept. 13 1936, 1936  
I last saw Russ alive on Apr 13 1936. Death is said to have occurred on the date stated above, at 1 p. m.

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

Arteriosclerosis Date of onset ?

Other contributory causes of importance: Chronic myocarditis ?

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 MI

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

If so, specify .....  
(Signed) T. T. O'Dell M. D.  
(Address) Nevada, Mo

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.

