NOV 17 1936

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

Do not use this space.

36610

File No.
Registered No.

1. PLACE OF DEATH

County: Barry — Registration District No.: 992
Township: Ozark — Primary Registration District No.: 5047
City: Aurora (No. R.F.D. # 2 St. Ward)

2. FULL NAME: Mary Russell

(a) Residence, No. R.F.D. # 2 Aurora Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 3-1917

7. AGE — YEARS: 19 — MONTHS: 2 — DAYS: 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
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): Barry County Missouri

FATHER

13. NAME: O.G.Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stone County Missouri

MOTHER

15. MAIDEN NAME: Elsie Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vernon County Missouri

17. INFORMANT (ADDRESS): Ora G Russell Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Aurora Mo. DATE: Oct. 28, 1936

19. UNDERTAKER (ADDRESS): King Funeral Home Aurora Mo.

20. FILED: Oct. 31, 1936 J. O. Forbes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Oct 26, 1936
I last saw h.. alive on Oct 26, 1936. Death is said to have occurred on the date stated above, at 9.00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Probably Pneumonia

Date of onset

Other contributory causes of importance:
very feeble all her life

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

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) R.W. Lambert, M. D.
(Address) Aurora 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.