

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

Do not use this space.

**DEC 18 1936**

**40750**

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
Township ..... Primary Registration District No. 3014  
City Jefferson (No. ...., ..... St. .... Ward)

**2. FULL NAME** Mrs. Gertrude Lillian Russell

(a) Residence, No. 1704 W. Mc Carthy 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5<sup>th</sup> 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. R. L. Russell

22. I HEREBY CERTIFY, That I attended deceased from October 2<sup>nd</sup> 1936, to November 5<sup>th</sup> 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-8-1876

I last saw her alive on November 4<sup>th</sup> 1936 Death is said to have occurred on the date stated above, at 4 P. m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>59</u>	<u>10</u>	<u>28</u>	

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

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.....

Cardiac Dilatation Date of onset  
acute eccent  
asthma

12. BIRTHPLACE (CITY OR TOWN) Polk County, Mo.  
(STATE OR COUNTRY)

Other contributory causes of importance asthma

MOTHER FATHER  
13. NAME Perry W. Coy

Name of operation W.S. x Date of 11/1

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

What test confirmed diagnosis? X Was there an autopsy? X

15. MAIDEN NAME Ann Vanderford

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury 11/5, 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) Halfway, Missouri  
(STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Dr. R. L. Russell  
(ADDRESS) Jefferson City, Missouri

Manner of injury X  
Nature of injury 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Humansville, Mo DATE Nov-8-- 1936

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

19. UNDERTAKER Port Jackson  
(ADDRESS) Jefferson City, Mo

(Signed) James Stewart M. D.  
(Address) 626 Jefferson St

20. FILED 11-10-36 Registrar.

DEC 31 1948