

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.

DEC 3 1936

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

Do not use this space.  
42117  
321  
~~322~~  
File No. ~~322~~  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. 1111 East 15th.)

2. FULL NAME Clarence Burton Russell  
(a) Residence, No. 1111 East 15th. 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

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Julia</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 19, 1861</b>		
7. AGE YEARS <b>75</b>	MONTHS <b>3</b>	DAYS <b>14</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <b>Ky.</b>		
13. NAME <b>George C. Russell</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ky.</b>		
15. MAIDEN NAME <b>Mary S. Finley</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ky.</b>		
17. INFORMANT <b>Mrs. H. D. Frueauff</b> (ADDRESS) <b>New York City</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Crown Hill</b> DATE <b>Nov. 6, 1936</b>		
19. UNDERTAKER <b>Gillespie Funeral Home</b> (ADDRESS) <b>Sedalia, Mo.</b>		
20. FILED <b>Nov 5 1936</b> <i>John Stock</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 3, 1936**

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to Nov. 3, 1936.  
I last saw him alive on Nov 3, 1936. Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:  
**Cerebral Haemorrhage** (Date of onset Nov 1936)  
**arterio-sclerosis**  
Other contributory causes of importance **arterio-sclerosis**  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **stomach** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** 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) *Chas. W. ...* M. D.  
(Address) *Sedalia, Mo.*

