

2 0002

FEB 23 1937

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

Do not use this space.

4566

1. PLACE OF DEATH
99 County Scottland
Township Sandhill
City _____ (No. _____)

Registration District No. 811
Primary Registration District No. 6059

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME Margaret Sanford Russell
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper
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) Pendleton Co. Ky
(STATE OR COUNTRY)

MOTHER 13. NAME Josephus Moore

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

15. MAIDEN NAME Katherine Callen

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

17. INFORMANT Mrs Orville M. Clamrock
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rutledge DATE Jan 26, 37

19. UNDERTAKER H. Wayne Stone
(ADDRESS) Memphis, Mo

20. FILED Feb 2 1937 Mary Lee Hume
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1937
22. I HEREBY CERTIFY That I attended deceased from Jan 20, 1937 to Jan 24, 1937
I last saw her alive on Jan 24, 1937 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Influenza

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 ANN Teethler, M. D.
(Signed) _____
(Address) Memphis 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.

