

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kear  
City Lawrence (No. 2440)

Registration District No. 399  
Primary Registration District No. 1062

File No. 9490  
Registered No. 1235  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2440 Lawrence 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Russell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1872</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>24</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>Poultry man</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1937

I HEREBY CERTIFY, That I attended deceased from Feb 9, 1937, to Mar 8, 1937

I last saw him alive on Mar 8, 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Ch. Myocarditis with  
decompensation  
Ch. Valvular Heart Disease

Date of onset  
7

Other contributory causes of importance:  
Acute ecchyma & bronchitis  
arteriosclerosis - Ch. Cystitis  
& hypertrophied prostate.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 1937

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) O. Deane, M. D.

(Address) \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Russell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not record</u>
	15. MAIDEN NAME <u>W. Sawyer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not record</u>
	17. INFORMANT <u>Mrs Eva Russell</u> (ADDRESS) <u>2424 Lawrence</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Ch</u> DATE <u>3/11</u> 19 <u>37</u>
	19. UNDERTAKER <u>Mrs C L Foster</u> (ADDRESS) <u>Ke 2nd</u>
	20. FILED <u>Mar 9 1937</u> <u>M. Brown</u> Registrar.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2  
FORM 22-36  
MAY 1 1937

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.

Edmonds.

OCT 28 1968