SEP 18 1937

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

Do not use this space.

30436

File No. 104

Registered No.

1. PLACE OF DEATH

County Clay Registration District No. 198

Township Fishing River Primary Registration District No. 8011

City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3 Ward)

24

2. FULL NAME George L. Russell

(a) Residence, No. Veterans Administration, St., Excelsior Springs, Mo. Ward. Gen. Del. Glasgow, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fishing

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) Unk. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewart, Iowa

FATHER

13. NAME Adelbert E. Russell

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

MOTHER

15. MAIDEN NAME Lorena Gresham

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

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Ft. Leavenworth, Kans. DATE Aug. 10 1937

19. UNDERTAKER (ADDRESS) Prather Undertaking Co. Excelsior Springs, Mo.

20. FILED Aug. 11 1937 Lorena McCrack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1937, to August 6, 1937, 19

I last saw him alive on August 6, 1937. Death is said to have occurred on the date stated above, at 12:55 p.m.

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

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance: 46

Name of operation none Date of

What test confirmed diagnosis? Exam. & Obs. 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? Unk.

If so, specify Unknown

(Signed) H. C. Faucher M. D.
H. C. F. Roerig, M.D. Clinical Director
(Address) Facility, Excelsior Springs, Mo.
(Veterans Administration)

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.