

SEP 2 1937

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

Do not use this space.

1. PLACE OF DEATH

County Phelps Registration District No. 677 File No. 31467
 Township Phelps Primary Registration District No. 4403 Registered No. 105
 City Rolla (No. Rolla Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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>Male</u>	4. COLOR OR RACE <u>White</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>Olla Russell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/17/1903</u>				
7. AGE	YEARS <u>34</u>	MONTHS <u>3</u>	DAYS <u>1</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>Labourer</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	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>John F. Russell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Amey S. Pierce</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
FATHER	17. INFORMANT (ADDRESS) <u>Mrs. John F. Russell</u> <u>Rolla Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rolla</u> DATE <u>Aug. 19, 1937</u>	
	19. UNDERTAKER (ADDRESS) <u>Fred N. Gilbert</u> <u>Rolla Mo.</u>	
	20. FILED <u>Aug. 19, 1937</u> <u>Geo. F. Weyer</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 193722. I HEREBY CERTIFY, That I attended deceased from August 18, 1937, to August 18, 1937I last saw him alive on August 18, 1937 Death is said to have occurred on the date stated above, at 1:00 a.m.

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

complete paralysis of the large and small intestines due to adhesions resulting from a previous operation for appendicitis
 Date of onset 12-12
 Other contributory causes of importance: _____

Name of operation Exploratory Date of 8-21What test confirmed diagnosis? ? Was there an autopsy? No23. 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 _____

(Signed) Robert Metcalfe(Address) Rolla Mo.

M. D.

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.

