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.

OCT 19 1937

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

Do not use this space.

33413

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5903 Kenwood St. Ward)

Registration District No. 399
Primary Registration District No. 102

File No.
Registered No. 333

2. FULL NAME Carl Russell
(a) Residence, No. 5903 Kenwood 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	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) July 18, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect
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) June 1937
11. Total time (years) spent in this occupation 20 Years

12. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

FATHER
13. NAME Charles Russell
14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Caroline Fritch
16. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

17. INFORMANT Miss Dorothy Fritsch
(ADDRESS) 5903 Kenwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Gem. ~~Topeka, Kansas~~ DATE Sept. 25, 1937

19. UNDERTAKER D. J. Newcomer's Sons
(ADDRESS)

20. FILED Sept 24 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound of the head 167

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/23/37
Where did injury occur? 5903 Kenwood
(Specify city or town, county, State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Shot by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address)

Prof. Bldg.