

OCT 22 1937

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

Russell
Do not use this space.

34276

1. PLACE OF DEATH

County Greene

Township Springfield

City Springfield

Registration District No. 318

Primary Registration District No. 5439

File No.

Registered No. 939

St.

Ward)

2. FULL NAME

(a) Residence, No. #4

(Usual place of abode)

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

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

7. AGE about 87

YEARS 87

MONTHS 0

DAYS

IF LESS than 1 day,hrs. ormin.

OCCUPATION

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

Retired

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) (STATE OR COUNTRY) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm Mc Donogh

18. BURIAL, CREMATION, OR REMOVAL Cast Lawn

DATE Oct 1 1937

19. UNDERTAKER (ADDRESS) W. Klingner & Co. Springfield, Mo.

20. FILED Sept 30, 1937

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Sept 28 1937

I last saw him alive on Sept 25 1937 Death is said to have occurred on the date stated above, at 9 P.m.

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

Chronic Brights Disease

Date of onset 1870

Other contributory causes of importance: 131

Name of operation

Date of

What test confirmed diagnosis? Chronic Brights 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, 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) P. Russell, M. D.

(Address) Springfield Mo



