

OCT 21 1937

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

Do not use this space.

34618

1. PLACE OF DEATH

County Livermore Registration District No. 467
Township Quinn Primary Registration District No. 4280
City Marionville (No. Ozark Hospital) St. _____ Ward _____

File No. _____

Registered No. 60

2. FULL NAME

Albert Eugene Russell
(a) Residence, No. Marionville Mo. St. _____ Ward _____
(Usual place of abode)

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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary J. Russell

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937 to Sept 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1859

I last saw him alive on Sept 17, 1937 Death is said to have occurred on the date stated above, at 10:29 a.m.

7. AGE YEARS 78 MONTHS 9 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Basal Skull Fracture - crushed Rt. Chest
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburville, Mo.

Other contributory causes of importance: none

13. NAME Steven G. Russell

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Margaret S. Miller

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Sept 17, 1937

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

Where did injury occur? near Marionville, Mo. (Specify city or town, county, and State)

17. INFORMANT Mo Mary J. Russell (ADDRESS) Marionville, Mo

Specify whether injury occurred in industry, in home, or in public place. Public road at Rd. Cross

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmo, Mo DATE Sept 18, 1937

Manner of injury. attempted to have man with

19. UNDERTAKER Bradford's Funeral Home (ADDRESS) Marionville

Nature of injury ran and got injured as noted in coroner's report

20. FILED 9/15 19 37 St. W. Cowan, M.D. Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) St. W. Cowan, M. D.

(Address) Marionville, Mo

Every return must contain amount of tax on any property. A return must be filed on any property which is subject to taxation. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

