

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D APR 23 1938

12433

1. PLACE OF DEATH

County Wheeler Registration District No. 901
Township _____ Primary Registration District No. 6209A
City Rogersville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 27

2. FULL NAME

John De Russi 2.00
(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. of _____ min.
75 2 13

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo

13. NAME James L. Russett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville Mo

15. MAIDEN NAME Frances Nichol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duncan Mo

17. INFORMANT (ADDRESS) W. H. Koch

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE Feb. 1 1938

19. UNDERTAKER (ADDRESS) Memorial Funeral Service Marshall Mo

20. FILED 2-11- 1938 J. C. Bassore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 21st 1938 to Jan 29th 1938

I last saw him alive on Jan 28 1938. Death is said to have occurred on the date stated above, at 11:20 P m.

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

Bronchopneumonia Date of onset 1-18-38

Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. ex. Was there an autopsy? No

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? No
If so, specify _____

(Signed) J. C. Bassore M. D.

(Address) Sparta, Mo

