

REGD JUL 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Tabor Township
City Rockville (No.)

Registration District No. 770
Primary Registration District No. 6016

File No. 22802
Registered No. 3
St. Ward

2. FULL NAME Wes. Nelson Russell

(a) Residence, No. St. Ward.
(Usual place of abode)

2411

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 Bertha Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 11

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

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) New London Ohio

13. NAME Alcott Russell

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

15. MAIDEN NAME Eлизабет Able

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

17. INFORMANT Mrs W. Siedemann (ADDRESS) Rockville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockville DATE May 13 1938

19. UNDERTAKER Orson Eckhoff (ADDRESS) Appleton City, Mo.

20. FILED May 17, 1938 Georgia Davidson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1927 to May 4 1938

I last saw him alive on Sept 3 1927. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Date of onset

Carcinoma of face

Other contributory causes of importance:

Senility

Name of operation Date of No

What test confirmed diagnosis? 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) W. Siedemann M. D.

1938 (Address) Appleton City, Mo

N. B.—Every information shown, 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.

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THE UNIVERSITY OF CHICAGO
PHYSICS DEPARTMENT
CHICAGO, ILLINOIS 60637
U.S.A.

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

Do not use this space.

1. PLACE OF DEATH

County Mo. Clair

Registration District No. 770

File No. 22502

Township

Primary Registration District No. 6016

Registered No.

City

(No.)

St. Ward

2. FULL NAME

George W. Russell

(a) Residence, No. St. Ward.

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 92 - 11

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1938

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.....m.

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

Carcinoma of face
Epithelioma of face - right zygomatic region

Date of onset

Other contributory causes of importance:

53-

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?..... 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) Mr. H. Elliott M. D.

(Address) Appletown City Mo

N. B. Item of information in this part of the certificate may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Do not use this space.

