

REC'D NOV 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35977

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galea Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. John's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alex Warren Russell

(a) Residence, No. 1211 Chicago Galea, Kansas St. ☐ Galea, Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1875

7. AGE YEARS 63 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as 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 Joseph Russell 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo. 0

15. MAIDEN NAME Elizabeth Gill 1

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

17. INFORMANT (ADDRESS) Harry Russell

18. BURIAL, CREMATION, OR REMOVAL PLACE Cashill, Galea, Kansas Nov. 1 1938

19. FUNERAL DIRECTOR (NAME) Thornhill-Dillon (ADDRESS) Joplin, Mo.

20. FILED 10-29-38 E. D. Jones Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1938, to Oct 30 1938

I last saw him alive on Oct 30 1938. Death is said to have occurred on the date stated above, at 3:35 A.M.

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

Cerebral Hemorrhage Date of onset Oct 21, 1938

Other contributory causes of importance:

Bronchial Pneumonia

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? No

If so, specify _____

(Signed) [Signature] M. D.

(Address) 616 Fairco Bldg Joplin Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-523

Date Filed NOV 7 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Don Petrick

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Don Petrick

Licensed Embalmer No. 4628

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.