

1939 MAR 21 1939

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

7411  
Do not use this space.

1. PLACE OF DEATH

(a) County Pemissot Registration District No. 651  
(b) Township Little prane Primary Registration District No. 1862  
(c) City or City (d) Street No. \_\_\_\_\_ 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

Mathie Elizabeth Russell  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 2-17-1939 to 2-19-1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1858

I last saw alive on 2-17-1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 11 4

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) Feb. 1939  
11. Total time (years) spent in this occupation Life

Cerebral Haem Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sum

Other contributory causes of importance:

FATHER 13. NAME Sy. Webster

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

MOTHER 15. MAIDEN NAME Maratha Webster

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

17. INFORMANT (ADDRESS) Jack Russell  
Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Ridge DATE 2-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Smith  
Caruthersville, Mo

20. FILED Feb. 27 1939 Ada Martin  
Local Registrar.

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) J. P. Luter, M. D.

(Address) Caruthersville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state amount of exact EXACTLY.

RECEIVED

District Health Officer No. 3,

District File Number 39-198

Date Filed 3/7/39

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**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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Neil C. Deane

Licensed Embalmer No. 3941

P. O. Address Courthamville

**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.**