

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

Do not use this space.

REC'D SEP 20 1939

**1. PLACE OF DEATH**

County Iron Registration District No. 1159  
Township Bellevue Leon Primary Registration District No. 5549  
City Bellevue (No. ...., St. .... Ward)

File No. 29313  
Registered No. 6

**2. FULL NAME** Elizabeth Jane Russell

(a) Residence, No. Bellevue Mo. St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
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**

3. SEX Fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 11 21

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

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) Bellevue Mo. (STATE OR COUNTRY) C

13. NAME John C. Russell C

14. BIRTHPLACE (CITY OR TOWN) Bellevue Mo. (STATE OR COUNTRY) C

15. MAIDEN NAME Martha Hill

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

17. INFORMANT Hubert Russell (ADDRESS) Bellevue Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE August 26, 1939

19. UNDERTAKER Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Sept 9, 1939 Mrs J. A. Townsend Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1939, to Aug. 25, 1939

I last saw her alive on Aug. 23, 1939 Death is said to have occurred on the date stated above, at 7.0 A.M.

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

Pulmonary tuberculosis

Date of onset ?

Other contributory causes of importance:

Name of operation ✓ Date of .....

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) Daisy Applebury, M. D.

356 (Address) River Mines, Mo.

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.

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