

REC'D SEP 15 1939

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

Do not use this space.

29522

54. PLACE OF DEATH

County *Lafayette*Registration District No. *461*Township *Lafayette*Primary Registration District No. *3024*City *Lexington, Mo*

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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

*Fe*

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)

*April 26-1865*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*74**3**3*

OCCUPATION

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

*at home*

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)

*Baltimore Md.*

13. NAME

*David Russell*

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

*Cumberland Md.*

15. MAIDEN NAME

*Mary Jane O'Leary*

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

*Fredrick city, Md.*

17. INFORMANT (ADDRESS)

*Ed. Russell Lexington, Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Lexington, Mo*DATE *July 31, 1939*

19. UNDERTAKER (ADDRESS)

*Windy Lunden, Mo*

20. FILED

*Sept 5, 1939 Delia Bates Registrar.*

## MEDICAL CERTIFICATE OF DEATH

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

*July 29, 1939*

22. I HEREBY CERTIFY That I attended deceased from

*July 21, 1939, to July 29, 1939*I last saw him alive on *July 29, 1939* Death is saidto have occurred on the date stated above, at *4:30 pm.*

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

*Nephrosclerosis  
Nephrolithiasis*

Date of onset

Other contributory causes of importance:

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) *J. S. Cape!*, M. D.8911 (Address) *Lexington, Mo.*

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.

RECEIVED

District Health Officer No. 6,

District File Number

9/11/39

Date Filed