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

REC'D OCT 12 1939

31979
Do not use this space.

1. PLACE OF DEATH
(a) County Butler
(b) Township Ash Hill
(c) City Poplar Bluff
(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.

Registration District No. 89
Primary Registration District No. 3007
Registered No. 234

2. PRINT FULL NAME Baby Russ unnamed
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (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): infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-39
7. AGE: YEARS | MONTHS | DAYS: Still born | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
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) Butler County Mo

FATHER
13. NAME Arch Russ 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puxico Mo 0

MOTHER
15. MAIDEN NAME Hazel Albertia Walls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

17. INFORMANT (ADDRESS) Hazel Walls Puxico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Puxico Mo DATE 9/27 1939
19. FUNERAL DIRECTOR (ADDRESS) none
20. FILED 9/28 1939 [signature] 89 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-, 1939, to 5-27, 1939
I last saw h still born, 19.... Death is said to have occurred on the date stated above, at 4:20 p m.
The principal cause of death and related causes of importance were as follows:

Still born
Deformed
Chief feet imperforate
anus

Date of onset

Other contributory causes of importance: ✓

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) A F Brookman M. D.
(Address) Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)