

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

Do not use this space.

FILLED NOV 18 1941

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1. PLACE OF DEATH

County Madison Registration District No. 810 File No. _____
Township Jaffers Primary Registration District No. 4488 Registered No. 360
City Memphis St. _____ Ward _____

2. FULL NAME

Jahise Coleen Russell
(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 Female 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) June 5 - 1941

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>26</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Winkleville, Mo
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Mitchell Russell

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

15. MAIDEN NAME Demarie Reganold

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

17. INFORMANT Mr. D. V. Reganold
(ADDRESS) Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memphis DATE Oct 5, 1941

19. UNDERTAKER Herbert A. Bassett
(ADDRESS) Memphis Mo

20. FILED Oct 21, 1941 E. E. Parish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1941 to Oct 1, 1941

I last saw her alive on Oct 1, 1941. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Marasmus Date of onset _____
Inability to digest food
Other contributory causes of importance: 158
Weak child

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) ANN Keethlet, M. D.
(Address) Memphis 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.

RECEIVED

District Health Officer No. 10

District File Number 11-41-2021

Date Filed NOV 13 1941