

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

Do not use this space.

39374

**1. PLACE OF DEATH**

County Henry  
Township Liberty  
City Calhoun (No. .... St. .... Ward)

Registration District No. 349  
Primary Registration District No. 4207

File No. ....  
Registered No. 21

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 40 mos. 4 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George I. Duwall

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

7. AGE YEARS 56 MONTHS 6 DAYS 28 IF LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife

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) Carroll County, Mo.

13. NAME John Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Caroline Bisset

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) George Duwall, Calhoun, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Dec 2 1935

19. UNDERTAKER (ADDRESS) J. A. Hauer, Calhoun, Mo.

20. FILED 12 2 1935 Mo. A. A. Gray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Dec 1 1935. I last saw her alive on Dec 1 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Scarlet fever of Linn Date of onset Don't know

Other contributory causes of importance: Mucous catarrh Date of onset Don't know

Name of operation none 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 ✓ 1935

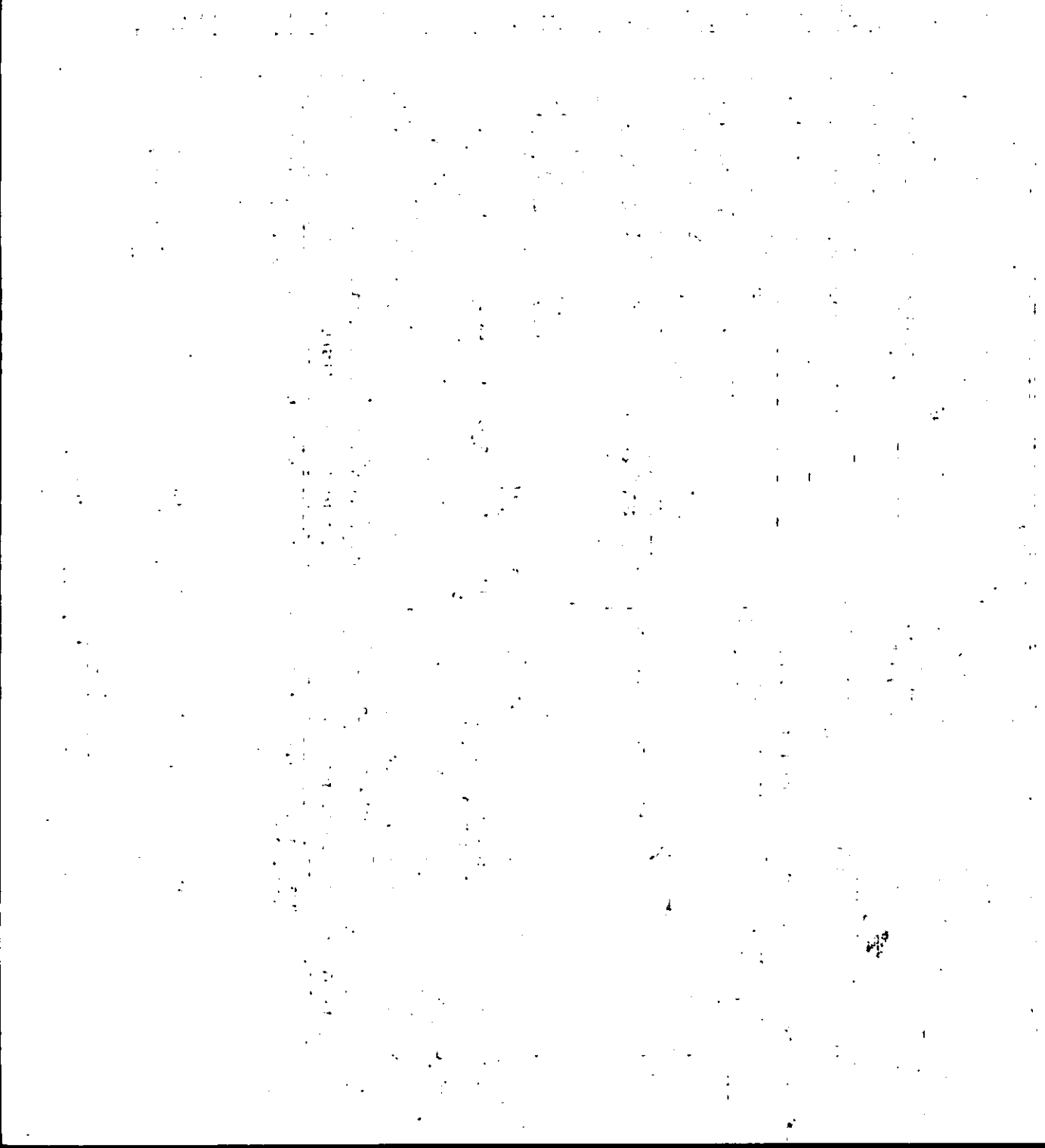
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify ✓

(Signed) D. A. Pollard M. D.  
(Address) Calhoun, 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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**1. PLACE OF DEATH**

County Henry Registration District No. 349 File No. ....  
 Township ..... Primary Registration District No. 4207 Registered No. ....  
 City Calhoun (No. ....) St. .... Ward)

**2. FULL NAME**

Ada E. Russell  
 (a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Russell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 56 28

8. Trade, profession, or particular kind of work done, as spinner, weaver, 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) (STATE OR COUNTRY) .....

13. NAME .....

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

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS) .....

20. FILED 1-27 1936 Mrs. A. A. Gray Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1936

I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
 I last saw h. .... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:

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?.....  
 If so, specify.....

(Signed) A. A. Pallard M. D.  
 (Address) Calhoun 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.

S-39374