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.

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

Do not use this space. 1011

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME RUSSELL, John — Civil War Veteran
(a) Residence. No. 3210 E 32nd St. St., Ward. Cpl. Co C 17 Reg. U.S.N. Inf.
(Usual place of abode) Kansas City, Mo. (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.

4/14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86	9	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oswego
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hospital Records.
(Address) U. S. Vet. Hosp.

15. FILED Jan 4, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 2 1928

17. I HEREBY CERTIFY, That I attended deceased from December 26, 1927, to January 2, 1928 that I last saw him alive on January 2, 1928 and that death occurred, on the date stated above, at 11:35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis general.
Perhaps several years. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Psychosis, senile and Hemiplegia rt. (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical, Neurological and Mental.
R.C.R. (Signed) W.E. Chambers M.D.
Jan 3/28 19 (Address) W.E. CHAMBERS, Medical Officer in Charge, U.S.V.Hosp. #67 K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: 1-5 1927

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: City