

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.

23 1931

1. PLACE OF DEATH

County Barton Registration District No. 43
Township Barton City Primary Registration District No. 5065-
City Hannson (No. _____) St. _____ Ward _____

File No. 1013
Registered No. _____
St. _____ Ward _____

2. FULL NAME

W. N. 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sarah Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 9 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer). 27
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bethel
(STATE OR COUNTRY) Maine

10. NAME OF FATHER Ed. Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Helena Newwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glochester
(STATE OR COUNTRY) Maine

14. INFORMANT Carl R Russell
(Address) Hannson Ms

15. FILED 2-8-31 W P Beck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1931 115 P.M.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Jan. 14, 1931, that I last saw him alive on Jan. 14, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
11 A
108

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) flu.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physicial Signs
(Signed) F. R. Duce, M. D.

, 19 _____ (Address) Riverside 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 Barton City DATE OF BURIAL Jan 15 1931

20. UNDERTAKER H. G. Meadi ADDRESS Acadia
708

F. R. Duce

