

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.

MAR 26 1931

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

Do not use this space.

11016

1. PLACE OF DEATH
 County Perry Registration District No. 663
 Township St Mary Primary Registration District No. 5881
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jennie Russell
 (a) Residence. No. _____ St. _____ Ward _____
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3 10 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>46</u>	<u>11</u>	<u>22</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work 2 1/2
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Perry Co Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Louis J McLain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Albia Nations

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co Mo
 (STATE OR COUNTRY)

14. INFORMANT Claud Cissell
 (Address) Silver Lake Mo

15. FILED 3-7-1931 Hy J Duwall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-2-1931 to 3-2-31, 1931, that I last saw her alive on 3-2-31, 1931, and that death occurred, on the date stated above, at 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intussusception of the bowels
122 B (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) H. L. G. Kelly, M. D.
3-2-1931 (Address) Perryville 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 Silver Lake Cem DATE OF BURIAL 3-4-1931

20. UNDERTAKER Zoellner & Young Perryville Mo
 ADDRESS _____

