

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

Do not use this space.

23081

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. St. Joseph Hospital)

File No. 3014  
Registered No. 3014  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eugenia May Russell

(a) Residence, No. 4274 Bellview St. 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ill

13. NAME John Hamilton

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

15. MAIDEN NAME Mary E. Bell

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

17. INFORMANT (ADDRESS) Chas. E. Russell  
4274 Bellview

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 8/1/32, 1932

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons  
3811 Broadway

20. FILED Aug 3 1932 M. M. Browne  
Regist.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932, to July 28, 1932  
I last saw her alive on July 28, 1932. Death is said to have occurred on the date stated above, at 11:00 am.  
The principal cause of death and related causes of importance were as follows:

(1) acute Dilatation of Heart Date of onset 7/28/32  
(2) Cerebral occlusion 8/2/32  
(3) Cerebral Hemorrhage 4/1/30  
(4) Chronic Myocarditis (?)

Other contributory causes of importance: Chronic arteriosclerosis (?)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys Exam Was there an autopsy? No.

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? No.  
If so, specify \_\_\_\_\_ (Signed) J. E. Sawyer, M. D.  
(Address) 1318 Broadway, K. C., 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.

