

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

Do not use this space.

23594

1. PLACE OF DEATH

54 County Ray
6 Township Wray
4 City Wray (No. _____)

Registration District No. 411
Primary Registration District No. 3024

File No. 57
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maria A. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 - 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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 _____
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Athens, Mo.</u>	
FATHER	13. NAME <u>J. M. Benjamin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru, Mo.</u>	
	15. MAIDEN NAME <u>Marion Edwards</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cherry</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Robert Russell 10 dead a mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adasa Mo</u> DATE <u>July 7 '33</u>		
19. UNDERTAKER (ADDRESS) <u>James J. Ferguson 1014 Wray Mo</u>		
20. FILED <u>July 6 1933</u> <u>Thyr. Buel Betts</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1928 to July 5 1933
I last saw her alive on July 5 1933 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:
arteriosclerosis
old fractured hip
fract.

Other contributory causes of importance:
1944
97

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 Chalkley
(Signed) _____ M. D.
(Address) Wray Mo

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.

AGE 26 1933

1 22 20

100 100 100