

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Independence Primary Registration District No. 3919  
City Independence (No. 129 East 3rd St.)

File No. 19309  
Registered No. 188  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 129 East 3rd 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel S. Russell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3 - 1882</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	If LESS than 1 day, ..... hrs. or ..... mly.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Residing Judge</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lawyer at Court</u>	
	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) <u>Independence Missouri</u>	
MOTHER	13. NAME <u>Frank T. Russell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence Mo</u>	
	15. MAIDEN NAME <u>Mary Hayes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Hazel Russell 129 East 3rd St.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>May 11 1936</u>		
19. UNDERTAKER (ADDRESS) <u>George A. Carson 101 No Pleasant St</u>		
20. FILED <u>5-14-1936</u> <u>F. L. Cook</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to May 8 1936  
I last saw him alive on May 8 1936. Death is said to have occurred on the date stated above, at 1144 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
Influenza & Strep throat

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy 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? No  
If so, specify \_\_\_\_\_  
(Signed) C. H. Allen, M. D.  
(Address) Independence 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.

