

JUL 25 1936

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

Do not use this space.

23890

1. PLACE OF DEATH  
County Platte Registration District No. 693  
Township Parkville Primary Registration District No. 4417  
City Parkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Allen Richard Russell  
(a) Residence, No. \_\_\_\_\_, \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) Parkville (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 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 Eva Seaford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
31 0 9

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Car Dealer  
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 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zwittman Mo

MOTHER FATHER  
13. NAME Allen Russell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Reta Butler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Eva Russell  
(ADDRESS) Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Star DAY June 12 YEAR 36

19. UNDERTAKER Leland Francis  
(ADDRESS) Parkville Mo

20. FILED 7-8 1936 S. P. Leonard  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1936

22. I HEREBY CERTIFY That I attended deceased from Fractured Skull 1936, to \_\_\_\_\_, 1936.  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1936. Death is said to have occurred on the date stated above, at 8:45 m.  
The principal cause of death and related causes of importance were as follows:  
Fractured Skull Date of onset 1936

Other contributory causes of importance:  
Passenger in car

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 June 12 1936  
Where did injury occur? On highway (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Fractured skull  
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) S. P. Leonard  
(Address) Parkville Mo \_\_\_\_\_ County

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.

