

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

Do not use this space.

**OCT 21 1936**

33812

**1. PLACE OF DEATH**

County Callaway  
 Townshp Fulton  
 City Fulton (No. ....)

Registration District No. 10K  
 Primary Registration District No. 3008

File No. ....  
 Registered No. 297  
 St. .... Ward

**2. FULL NAME**

Chas. Russell  
 (a) Residence, No. Ealia 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. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>M</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1861</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>SK</u>
		DAYS
		<u>SK</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>Janitor</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County</u>		
FATHER	13. NAME <u>Reuben Russell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DK</u>	
MOTHER	15. MAIDEN NAME <u>Elyza Nelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DK</u>	
17. INFORMANT (ADDRESS) <u>Hosp. Records</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Siles, Mo</u> DATE <u>Sept 19</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Hendon-Taylor</u> <u>Fulton, Mo</u>		
20. FILED <u>9-19</u> , 19 <u>36</u> <u>R.D. - Crewe</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to Sept 18, 1936  
 I last saw him alive on Sept 17, 1936 Death is said to have occurred on the date stated above, at 3a m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis to Myocardial Degeneration  
DK  
 Other contributory causes of importance:  
Sen. Arteriosclerosis  
DK

Name of operation none Date of DK  
 What test confirmed diagnosis? DK Was there an autopsy? DK

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 DK

24. Was disease or injury in any way related to occupation of deceased? DK  
 If so, specify DK  
 (Signed) J. A. Stephens, M. D.  
 (Address) Fulton 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.

Sibex