CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1936

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

Do not use this space.

40742

1. PLACE OF DEATH
County Clinton — Registration District No. 210 — File No. 5
Township Lafayette — Primary Registration District No. 5289 — Registered No. 12
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jeannetta Helen Russell
(a) Residence No. Hemple, Mo. RR 2 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 D. C. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1893

7. AGE: YEARS 43 — MONTHS 0 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Mansville

FATHER
13. NAME William Swann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Belle Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) D. C. Russell Hemple, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Nov. 6 1936

19. UNDERTAKER (ADDRESS) H. A. Sullins Gower, Mo.

20. FILED Nov. 5 1936 John Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 2, 1936
I last saw her alive on Nov 2, 1936. Death is said to have occurred on the date stated above, at 1:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Breast)	

Other contributory causes of importance:

50

Name of operation Plaster Date of Sept. 36
What test confirmed diagnosis? — 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? —
If so, specify —
(Signed) G. F. Kimball, M.
(Address) Easton Mo