

FEB 17 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Howell  
Township Key Creek  
City Osborne, Mo.

Registration District No. 387  
Primary Registration District No. 5540

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

2. FULL NAME

Stewart James 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 16 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 11 0

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. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Ky

13. NAME Hawman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unkd

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs Mae Herndon

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 1-3-37

19. UNDERTAKER (ADDRESS) Wm Thomas

20. FILED Jan 15 1937 Dora Cagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26th, 1936, to Jan. 3rd, 1937

I last saw her alive on Jan. 2nd, 1937 Death is said

to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar Date of onset 12/31/36

Other contributory causes of importance: Fracture neck rt femur, 11/27/36

Name of operation NONE Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? no

If so, specify \_\_\_\_\_ (Signed) Arthur L. ..., M. D.  
(Address) West Plains, 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.

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

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**1. PLACE OF DEATH**

County Howell Registration District No. 387  
Township Wey Green Primary Registration District No. 5540  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Sarah Jane 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 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. S. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 11 1

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) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maduacate

13. NAME Goward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maduacate

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Myra Henderson (ADDRESS) Edin. Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mon. Zion DATE 1/3 1937

19. UNDERTAKER Robison (ADDRESS) West Plains Mo.

20. FILED 1/15 1937 Dora Page Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1936, to Jan 3 1937.  
I last saw him 11 alive on Jan 2nd 1937. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia lobar  
fracture neck of femur  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
fracture neck of femur

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 10/27 1936  
Where did injury occur? Harrisburg (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall in home  
Nature of injury fracture of right hip

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) A. H. Tharnburgh, M. D.  
(Address) West Plains 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.

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