

Exact statement of OCCUPATION is very important.

JUN 16 1937

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

Do not use this space.

19336

1. PLACE OF DEATH

County Barton
Township Lamar
City Lamar (No. Bickel Hospital)

Registration District No. 40
Primary Registration District No. 4024

File No. 19336
Registered No. 26
St. _____ Ward _____

2. FULL NAME Willie Jane Russel

(a) Residence, No. _____ St. _____ Ward. Golden City, Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF W. B. Russel

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to May 1, 1937
I last saw h. or alive on May 1, 1937. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13-1899

7. AGE YEARS 37 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

Post-operative Embolus
h.s.
Date of onset May 1-37

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 _____

Other contributory causes of importance: Bilateral Salpingo-ovariectomy April 21-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

13. NAME W. D. Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

15. MAIDEN NAME Sarah Higgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT W. B. Russel (ADDRESS) Golden City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vaughn Cem. Dade Co. Mo. DATE May 2 1937

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City Mo.

20. FILED May 1 1937 Mrs. Josephine Myrrett Registrar.

Name of operation Bilateral Salpingo-ovariectomy Date of op. Apr. 21-37
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) Vern T. Bickel, M. D.
(Address) Lamar, Mo.

13961

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barton
Township _____
City Lamar (No. _____)

Registration District No. 40
Primary Registration District No. 4024

File No. 19336
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Willa 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 7 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED May-1-1937 Mrs. Josephine Myratt Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Bilateral Salpingo-oophorectomy
Gonorrheic origin
35

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 _____, 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) Vern J. Bickel, M. D.
(Address) Lamar Mo

SUPPLEMENTARY

REPRODUCED UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-19336