

JAN 18 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Senath  
City Senath (No. 4174)

Registration District No. 290  
Primary Registration District No. 5408

File No. 45261  
Registered No. 116

2. FULL NAME

William Hayes 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1857

7. AGE YEARS 80 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physicians  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.3  
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath, Franklin, Missouri

13. NAME John Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath, Franklin, Missouri

MOTHER 15. MAIDEN NAME Maude Knauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath, Franklin, Missouri

17. INFORMANT (ADDRESS) John H. Russell, Senath, Franklin, Missouri

18. BURIAL, CREMATION, OR REINTERMENT PLACE Senath DATE Sept 17, 1937

19. UNDERTAKER (ADDRESS) Senath, Franklin, Missouri

20. FILED Dec 15, 1937 W. M. Daniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1937

22. I HEREBY CERTIFY That I attended deceased from the past 2 years to                     , 19                    

I last saw him alive on Sept 16, 1937 Death is said to have occurred on the date stated above, at 4 P m.

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

Senility Date of onset:                     

Other contributory causes of importance:                     

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) W. M. Daniel M. D.  
(Address) Senath, Franklin, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X7264

