

NOV 23 1938

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

36103  
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 1249  
 (b) Township Phillipsburg Primary Registration District No. no number  
 (c) City Phillipsburg (d) Street No. 5612 St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Oliva Russell

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 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 John H. Russell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
69 4 17  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Work  
 10. Date deceased last worked at this occupation (month and year) about 2 yrs.  
 11. Total time (years) spent in this occupation 5 - about

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

FATHER 13. NAME Jasper Stanton

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

MOTHER 15. MAIDEN NAME Mary J. Kogin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

17. INFORMANT (ADDRESS) Rhoda J. Balloun  
St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Albans DATE 10/10/38

19. FUNERAL DIRECTOR (ADDRESS) Fred Clark  
St Joseph, Mo.

20. FILED 10-7 1938 J. H. McCow  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1938, to Oct 7<sup>th</sup> 1938  
 I last saw her alive on Oct 6<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:

Acute Cholera Morbus Date of onset 10-6-38  
Patent Morbans 1938  
when seen by me 1/2

Other contributory causes of importance:  
Hoiter & great 1st time 1934  
Anaemia

This person had been  
operated 2 yrs  
 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? \_\_\_\_\_ 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) E. Taylor M. D.  
 (Address) Phillipsburg, 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-374

Date Filed 10-10-38

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed W. E. Tolman .....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**