

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.

MAY 23 1932

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

Do not use this space.

16825

1. PLACE OF DEATH

68 County Bole Mountain
1 Township Wether
2 City California mo (No.)

Registration District No. 171

Primary Registration District No. 4335

File No.

Registered No. 26

St. Ward)

2. FULL NAME

Harward Nelson 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

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

Sept 3-1911

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

20

-

-

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

none

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)

moniteau co,

MOTHER FATHER

13. NAME

Harward Russell

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

moniteau co,

15. MAIDEN NAME

Amanda Russell

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

moniteau co,

17. INFORMANT (ADDRESS)

Mrs Amanda Russell
California mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 5-13- 1932

19. UNDERTAKER (ADDRESS)

D. J. Hardman
Jefferson City Mo,

20. FILED

May 12 1932 Geo. N. Roth
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7 1932 to May 10 1932

I last saw him alive on May 10 1932 Death is said

to have occurred on the date stated above, at 9:15 a.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

①

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) J. P. Burke Jr. M. D.

(Address) California, Mo.

