

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

Do not use this space

22025

JUL 10 1943

1. PLACE OF DEATH

County MONITEAU Registration District No. 221  
Township SATINE Primary Registration District No. 5793  
City (No) \_\_\_\_\_ State Mo Ward \_\_\_\_\_

2. FULL NAME

William Thomas Russell

(a) Residence, No. near Lupus mo. St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 0 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MARIED</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>FANNIE RUSSEL</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-25-1860</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>TEACHER RETIRED</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1943  
22. I HEREBY CERTIFY That I attended deceased from dead when first seen, 19\_\_\_\_  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Generalized arteriosclerosis  
Date of onset 2-3 years  
Other contributory causes of importance 93d

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) Raymond Latham, M. D.  
(Address) California, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Elijah Russell</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
17. INFORMANT <u>Dr. Wm. W. Green</u> (ADDRESS) _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt. Zion</u> DATE <u>7-2</u> 19 <u>43</u>	
19. UNDERTAKER <u>C. Albert Hornbeck</u> (ADDRESS) <u>Prairie Home mo</u>	
20. FILED <u>7--2</u> , 19 <u>43</u> <u>Wm. W. Green</u> Registrar.	

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.

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