

1 PLACE OF DEATH

County JacksonCivil Dist. 1stOR
VillageCity Nashville (No. 511 1/2 Church St.; 7 Ward)2 FULL NAME Oscar M. Russell

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

011-308

File No.

1154

Registration No.

If death occurred in hospital, or institution, state name, street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH Nov 6 1876
(Month) (Day) (Year)7 AGE 49 yrs. 5 mos. 28 ds. If LESS than 1 day... hrs. or min.?8 OCCUPATION City Market Master
(1) Trade, profession, or particular kind of work.
(2) General nature of industry, business, or establishment in which employed (or employe).
7339 BIRTHPLACE (State or country) Illinois10 NAME OF FATHER Aunt Emma

11 BIRTHPLACE OF FATHER " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rosa Russell(Address) 511 1/2 Church St.15 May 5 1926 W. L. Hollister

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1925 to 5-21 1926that I last saw him alive on April 1926
and that death occurred, on the date stated above, at 316 1/2The CAUSE OF DEATH* was as follows:
Burden during 89
Year. Fat Ogma BelusContributory (SECONDARY) Dysentery, enteritis, malariaSigned: J. H. Glenn M. D.54 1926 Address 208 E. 5th

* State the DISEASE CAUSING DEATH; (a) in deaths from Venereal Causes state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... yrs. ... mos. ... In the State... yrs. ... mos. ...

Where was disease contracted, Exact place of death?

Former residence

19 PLACE OF BURIAL OR REMOVAL Greenhill Farm.20 UNDERTAKER Rosa Russell & SonDATE OF BURIAL May 5 1926ADDRESS Nashville

DO NOT TEAR OUT THIS PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, as far as it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.