

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Jefferson

Vol. No. _____

Inc. Town _____

City LouisvilleRegistration District No. 650Primary Registration Dist. No. 2275File No. 1588Registered No. 1951

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME John Russ

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) MarriedDATE OF BIRTH April 1, 1860
(Month) (Day) (Year)AGE 51 yrs. 9 mos. 17 ds.
If LESS than 1 day... hrs. or... min. ?OCCUPATION
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Louisville KyNAME OF FATHER Peter RussBIRTHPLACE OF FATHER (State or country) GermanyMAIDEN NAME OF MOTHER Catharine MillerBIRTHPLACE OF MOTHER (State or country) Philadelphia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Russ(Address) 443 S. 21st

JAN 19 1912

Filed _____, 1912 W. E. Gray

REGISTRAR

DATE OF DEATH Jan 18, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Jan 2, 1912, to Jan 18, 1912, that I last saw him alive on Jan 18, 1912, and that death occurred, on the date stated above, at 12 a.m.The CAUSE OF DEATH* was as follows:
Cirrhosis of LiverContributory (Duration) yrs. mos. ds. Organic Heart Disease(Signed) J. M. Britchett, M.D.Date Jan 19, 1912 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

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

Where was disease contracted, If not at place of death?

Former or Equal residence 443, S. 21st St

PLACE OF BURIAL OR REMOVAL

St. Michael's DATE OF BURIAL Jan 20, 191220 UNDERTAKER Rosser & Son ADDRESS 510 Fifth Ave