

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

Do not use this space.

**23662**

**1. PLACE OF DEATH**

58 County Linn Registration District No. 496  
Township Brookfield Primary Registration District No. 3027  
7 City Brookfield (No. 512 West Side)

File No. 23662  
Registered No. 51  
St. 2nd Ward)

**2. FULL NAME**

(a) Residence, No. Charles Ernest Lottrel St. 2nd Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 White 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) Oct. 21, 1902

7. AGE YEARS 30 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.

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

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) Near Hudson

13. NAME Charles C. Lottrel

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

15. MAIDEN NAME Riddie Webb

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

17. INFORMANT (ADDRESS) Charles C. Lottrel

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE July 10, 1933

19. UNDERTAKER (ADDRESS) Memorial

20. FILED 7-9-33 Registrar C. E. Jenkins

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1933

22. I HEREBY CERTIFY That I attended deceased from 7-3-33 to 7-9-33

I last saw him alive on 7-9-33, 1933. Death is said to have occurred on the date stated above, at 206 p.m.

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

Intestinal Strabismus (7-7-33) Date of onset 2 days  
1914 Gonorrhea (7-6-33) 3 days  
1916  
1918

Other contributory causes of importance: Chronic Appendicitis 240

Name of operation Appendectomy Date of 7/7/33

What test confirmed diagnosis? Path. Hist. Rep. 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 7-9-33

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. M. L. Lottrel, M.D. (Address) Brookfield

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.

AUG 26 1933

STATE OF MISSOURI WITH EMPLOYING INSTITUTIONS THIS IS A PERMANENT RECORD

