

APR 17 1936

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

Do not use this space.

10157

1. PLACE OF DEATH

County Bremer Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2000 Registered No. 216
City Springfield, Mo. St. John's Hospital No. _____ St. _____ Ward _____

2. FULL NAME

Russie Catherine Lomon
(a) Residence, No. 2114 N. Broad 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

3a. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17 1890</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>11</u>
	DAYS <u>22</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>sales lady</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bremer Co. Mo.</u>		
FATHER	13. NAME <u>J. R. Gammon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Raffie Deen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lillie Gammon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE <u>March 12 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Alma Lompreyer</u>		
20. FILED <u>3-11-36</u> <u>Ralph W. Johnston</u> (Address) <u>Springfield Mo.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8/36 1936, to 3/9 1936.
I last saw h. u alive on 3/9 1936 Death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:
Acute Bronchopneumonia
Nephritis
Date of onset _____

Other contributory causes of importance:
Thrombophlebitis
14 x 2 1/2 x 3 1/2

Name of operation None Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. No

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. [Signature], M. D.

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.

RECEIVED

The following is a list of the items received during the period from January 1, 1947, to December 31, 1948. The items are listed in the order in which they were received.

Date	Description	Quantity	Value
Jan 15, 1947
Feb 10, 1947
Mar 20, 1947
Apr 15, 1947
May 10, 1947
Jun 25, 1947
Jul 15, 1947
Aug 10, 1947
Sep 20, 1947
Oct 15, 1947
Nov 10, 1947
Dec 25, 1947
Jan 15, 1948
Feb 10, 1948
Mar 20, 1948
Apr 15, 1948
May 10, 1948
Jun 25, 1948
Jul 15, 1948
Aug 10, 1948
Sep 20, 1948
Oct 15, 1948
Nov 10, 1948
Dec 25, 1948

Total Received: ...
 Total Value: ...