

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County StoneRegistration District No. 842Township LincolnPrimary Registration District No. 6259City Elletts

(No. _____)

St. _____

Ward _____

2. FULL NAME Lallie Braun

(a) Residence, No. _____

St. _____

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

3. SEX

Female

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFnever married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 7, 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.271178. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.none10. 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)Dade Co.

FATHER

13. NAME

Pete Braun

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Effie Hall16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Annie Braun
Elletts, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Galena

DATE

Oct 6

1937

19. UNDERTAKER
(ADDRESS)Elliott J. Cheatham
Galena, Mo.

20. FILED

1019

1937

Mrs. E. Woguet
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

10-5-1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 10 - 1936 to Oct. 5 - 1937I last saw her alive on Oct. 2 - 1937 Death is saidto have occurred on the date stated above, at 3.0 m.

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

Tubercular meningitis

Date of onset

July 1937

Other contributory causes of importance:

54

Name of operation

none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed)

H. L. Kerr

, M. D.

(Address)

Crane, Mo.

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.

