

REC'D APR 24 1939

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

11500

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 718
(b) Township Richland Primary Registration District No. 5326
(c) City La Crosse (d) Street No. 1918 Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lottie D. Bragg Russell
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 9 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as 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) Mo.

FATHER 13. NAME W. S. Bragg

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

MOTHER 15. MAIDEN NAME Ella Vulgamore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) W. S. Bragg
La Crosse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Feb 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. McCallum
South Linn Mo.

20. FILED March 7, 1939 Louise Smith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 10 1939
I last saw her alive on 7 Feb 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Sarcemia of the wound

Other contributory causes of importance: 4

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) D. W. Gooch M. D.

(Address) Elmwood Mo.

RECEIVED

District Health Officer No. 10

District File Number 11-39-614

Date Filed APR 17 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

W. H. McCallum

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Siffard Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.