MAR 16 1928

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

Do not use this space.

3944

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No.
Township — Primary Registration District No. 3003 — Registered No. 18
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Mrs Laura Ann Tritton
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cassius H. Tritton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 21, 1850

7. AGE: Years 77 — Months 3 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER: Joseph Seafe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER: Mary Hicks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Canada

14. INFORMANT: Mrs John Schulz
(Address) Monett Mo

15. FILED 2-21, 1928. W. M. West, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1928, to Feb 19, 1928, that I last saw her alive on Feb 19, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (Bright Disease)
131
1 2 4 A
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Mitral-Regurgitation
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) T. E. Hastings M.D.
, 19 (Address) Monett Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: I O O F Cemetery — DATE OF BURIAL: 2/21 1928

20. UNDERTAKER: Callaways — ADDRESS: Monett

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.