

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

Do not use this space.

2596-a

2596 a

**1. PLACE OF DEATH**

County Missouri  
Township Beauregard  
City Jamestown MO (No. ....)

Registration District No. 589  
Primary Registration District No. 5787a

File No. ....  
Registered No. 8  
St. .... Ward)

**2. FULL NAME**

Freda Mae Britton

(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) unmar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Jamestown MO  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Clay Britton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Tina Mae Black  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Windsor MO  
(STATE OR COUNTRY)

14. INFORMANT Clay Britton  
(Address)

15. FILED 18, 19 29 E. R. Ball  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jun 16, 1929, to Jun 16, 1929, that I last saw her alive on Jun 16, 1929, and that death occurred, on the date stated above, at 12 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Infantile Paralysis

CONTRIBUTORY (SECONDARY) Don't know  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't know  
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) E. R. Ball, M. D.

. 19 (Address) Jamestown

\*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 DATE OF BURIAL

Jamestown Cemetery June 17 1929

20. UNDERTAKER ADDRESS

C. M. Thurston Jamestown

UL 26 70 3  
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.

