

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.

JUL 23 1932

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

Do not use this space.

19211

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield Primary Registration District No. 2001
5 City Springfield (No. 101) Loren St. _____ Ward) _____
2. FULL NAME Charles M. Britzeman Houston Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rosa Britzeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Germany
13. NAME Charles M. Britzeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Wm Britzeman
(ADDRESS) Houston Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Houston Mo. June 5 1932
19. UNDERTAKER (ADDRESS) W. H. Hughes & Co
Springfield, Mo.
20. FILED June 4 1932 Ralph W. Kingston
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1932
22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 3 1932
I last saw him alive on June 3 1932 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset _____
59 162 59
Other contributory causes of importance:
Senility
Name of operation None Date of _____
What test confirmed diagnosis: Chemical 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) M. T. Edgerton, M. D.
(Address) 315 1/2 College St
Springfield, Mo

