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

Do not use this space.

File No. 24828
Registered No. 6238

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St Louis (No. Mo Baptist Hospital, St. ..... Ward)

2. FULL NAME Charles J Britton

(a) Residence, No. 5882 Cabanne St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Males	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Book Co

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg Ohio

FATHER

13. NAME Burwell Britton

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. Boyd Britton 5882 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Fletcher Ohio DATE 7/20/33, 19

19. UNDERTAKER (ADDRESS) Alexander & Sons 6195 Delmar Blvd.

20. FILED ..... 19 J F Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Day of death

I last saw h. alive on 7/17/33, 19 Death is said to have occurred on the date stated above, at 6 P m.

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

	Date of onset
Cerebral Hemorrhage	
431	
881	
921	

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	
Chronic Kid Nephritis	

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? No 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) Chas Hugh McCluer M. D.
(Address) Hamm Bldg St Louis

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.

WRITE PLAINLY, WITH STABBING MACHINE IS A PERMANENT RECORD