

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

Do not use this space.

39317

**1. PLACE OF DEATH**  
 County Benton Registration District No. 89  
 Township \_\_\_\_\_ Primary Registration District No. 3009  
 City Poplar Bluff (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jas. O. Britts  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Oberlin mo.  
 (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 M 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 not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876 East

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>57</u>	<u>East</u>		

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. \_\_\_\_\_

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) Ark

13. NAME Jas. Britts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Geo. Britts (ADDRESS) and

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 1-1 1933

19. UNDERTAKER Frankland Co. (ADDRESS) Poplar Bluff

20. FILED 1-5- 1933 W. S. Bailey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1933, to 12-31 1933  
 I last saw him alive on 12-31 1933. Death is said to have occurred on the date stated above, at 4 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Septicemic lamed prof. laceration on left leg.  
194B  
36  
 Other contributory causes of importance: 36

Date of onset	<u>12-15-</u>
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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? ACCIDENT Date of injury 12-25, 1933  
 Where did injury occur? Benton county  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public place  
 Manner of injury Scrubbed from wire  
 Nature of injury laceration

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Mr. Hennrichson, M. D.  
 (Address) Poplar Bluff mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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