

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

Do not use this space.

MAR 24 1934

9990

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Primary Registration District No. 440.3
City Rolla (No. St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Sullivan, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Britton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 21, 1914</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>0</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Feb. 1934</u>	
	11. Total time (years) spent in this occupation <u>3</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan, Missouri</u>		
MOTHER	13. NAME <u>Perry Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan, Mo.</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Carl Britton</u> (ADDRESS) <u>Sullivan, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sullivan, Mo.</u> DATE <u>Mar. 2, 1934</u>		
19. UNDERTAKER <u>J. T. Williams</u> (ADDRESS) <u>Sullivan, Mo.</u>		
20. FILED <u>Mar. 2, 1934</u> <u>Jos. F. Myers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to March 2, 1934
I last saw her alive on March 2, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
Purpural sepsis following slight birth of full term child living. Delivered by Dr. Malach Sullivan, Mo. Baby Sunday 11/22 Born, 25 Feb 1924
Other contributory causes of importance:

Name of operation 100 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? 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?
If so, specify Yes
(Signed) Dr. J. T. Williams, M. D.
(Address) Rolla, 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.

