

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

Do not use this space.

19877

**1. PLACE OF DEATH**

County Sacchar Registration District No. 449  
Township \_\_\_\_\_ Primary Registration District No. 4267  
City Bellevue (No. 409 Madison St) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John L. Britton  
(a) Residence, No. Rosa 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5 1893

7. AGE YEARS 68 1/2 MONTHS 8 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Elba, N.Y.

13. NAME Edward Britton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elba, N.Y.

15. MAIDEN NAME Ann Manchester

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

17. INFORMANT Harry Britton  
(ADDRESS) Bellevue

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosa DATE May 5 1960

19. UNDERTAKER (ADDRESS) W. J. Green

20. FILED 5-4-60 1960 J. A. M. Camb  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1960

22. I HEREBY CERTIFY, That I attended deceased from April 20 1960 to May 4 1960

I last saw him alive on May 4 1960 Death is said

to have occurred on the date stated above, at 5:00 a.m.

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

Lead Palsy

Other contributory causes of importance: 1772

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? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) J. J. Herrick, M. D.

(Address) Greenville

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.

