

AUG 10 1936

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

Do not use this space.

27608

1. PLACE OF DEATH

County BuffaloRegistration District No. 689Township BuffaloPrimary Registration District No. 5917City Camden (No. 1)Douglas Park

File No.

Registered No.

St. 3 Ward)

2. FULL NAME

(a) Residence, No. Douglas Park St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Susan Johnson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 18947. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 11 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Camden Mo13. NAME Robert Britt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo15. MAIDEN NAME Eva Britt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Eva Britt mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Myer Van DATE July 29 193619. UNDERTAKER (ADDRESS) W. J. Duda mo20. FILED July 29 1936 E. C. Haler Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 193622. I HEREBY CERTIFY That I attended deceased from July 27 1936, to 3 hours, 1936. I last saw him alive on July 27 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Coronary thrombosis
MI

Date of onset

Other contributory causes of importance:

acute prostatitis
17 nephritis

Name of operation

What test confirmed diagnosis? symptomatic Date of

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) Dr. G. L. P. Green(Address) Camden Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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