

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH,

County

Pike

Registration District No.

687

Township

Pike

Primary Registration District No.

City

(No.

St.

Ward)

File No.

13023

Registered No.

2. FULL NAME

James R. Britt

(a) Residence, No.

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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Prudence Britt

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

Aug-23-1859

7. AGE

YEARS

77

MONTHS

7

DAYS

13

If LESS than 1 day,hrs. ormin.

OCCUPATION

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)

Columbia Pike Co., Mo

13. NAME

Smith Britt

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

Unknown

15. MAIDEN NAME

Meldia Patton

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

Paynesville - Mo

17. INFORMANT (ADDRESS)

Maud Steel Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Clarksville

Apr. 8, 1937

19. UNDERTAKER (ADDRESS)

Goock Hardware Co. Columbia, Mo.

20. FILED

Apr. 7, 1937 13. M. Goock Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 6, 1937

I HEREBY CERTIFY, that I attended deceased from

March 26, 1937, to April 6, 1937

I last saw him alive on April 6, 1937. Death is said

to have occurred on the date stated above, at 1:00 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed)

L. P. Guy, M. D.

(Address)

Columbia, Mo.

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.

