

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jacobs
Township Clark
City (No. _____) _____

Registration District No. 491
Primary Registration District No. 5656

File No. 38101
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3324 Wyoming St. St. Louis Missouri, Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Bertha Britt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boggon Iowa

13. NAME John Britt

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

15. MAIDEN NAME Jane Bry

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

17. INFORMANT Bertha Britt
(ADDRESS) 3324 Wyoming St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frieden Cem. DATE Oct 14 1937

19. UNDERTAKER Sued Meyer & Sons
(ADDRESS) 3935 North 2nd St. St. Louis, Mo.

20. FILED Oct 12 1937 Mrs Pearl Muck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1937

22. I HEREBY CERTIFY, That I attended deceased from held inquest - 1937 to on Oct 12 - 1937

I last saw him alive on _____, 1937 Death is said to have occurred on the date stated above, at Old P. m.

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

Unavoidable accident by car in which deceased was riding being struck by oncoming truck driven by Sam Todd Shelton, Mo.

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 Oct 12 1937

Where did injury occur East 17th. Jacobs Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Public Highway #61

Manner of injury car accident

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? n.a.

If so, specify _____ (Signed) Dr. J. H. Stewart M. D.

(Address) Old Mansfield, Mo.

coroner

1948
MOTHER
FATHER
OCCUPATION

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38101
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 491
 (b) Township Clark Primary Registration District No. 5656 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME C. L. Britts
 (a) Residence, No. Only home given St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

7. INFORMANT (ADDRESS)
 8. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____
 9. FUNERAL DIRECTOR (ADDRESS)
 10. FILED Oct 12, 1939 Mrs Pearl Mueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19____ to 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
 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? _____
 If so, specify _____ (Signed) C. T. Neunist, M. D.
Old Monroe (Address) 2nd

