DEC 17 1937

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

Dr. Wills

Do not use this space.

41303

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 1112
City Springfield (No. St. Johns Hospital St. Ward)

2. FULL NAME Mrs. Eva Brittin
(a) Residence, No. 874 Concord St., St., Ward.
(Usual place of abode) Springfield, Mo. (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: female
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: G. B. Brittin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 7 1866

7. AGE: YEARS 71 — MONTHS 10 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
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): Illinois

FATHER
13. NAME: John Stephenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: UK Bowen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): G. B. Brittin, Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn Cem DATE Nov 25, 1937

19. UNDERTAKER (ADDRESS): Herman H. Lohmeyer, Springfield, Missouri.

20. FILED Nov 25, 1937 Chas A George Reg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18/37, 19..., to Nov 23/37, 19...
I last saw her alive on Nov 23, 1937 Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Ascending Colon & metastasis 10/30/37 Entero-colostomy

Date of onset

Other contributory causes of importance: 46

Name of operation Entero-colostomy Date of 10/30/37
What test confirmed diagnosis? Was there an autopsy? No

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) Wm Wills, M. D.
(Address) Hollyman Bldg Spfd 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.