

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

Do not use this space.

2459

1. PLACE OF DEATH
 County Liberty Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City (No. _____) St. _____ Ward _____

2. FULL NAME Elsie Jesse Britton 635
 (a) Residence, No. Liberty mo. R#1 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Alfred Lee Britton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21-1869
 7. AGE YEARS 68 MONTHS 1 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
 10. Date deceased last worked at this occupation (month and year) 4 mo
 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Iowa
 13. NAME Jesse Wycaver
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 15. MAIDEN NAME Amelia Rose
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT Alfred Lee Britton
 (ADDRESS) Liberty mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty mo DATE July 22, 38
 19. UNDERTAKER Church - Archer Co
 (ADDRESS) Liberty mo
 20. FILED 1/22, 19.8 E T Bran
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938
 22. I HEREBY CERTIFY that I attended deceased from June 10, 1938 to Jan 20, 1938
 I last saw h. or alive on about 10, 1938. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive crisis. Date of onset _____
 Other contributory causes of importance: Genl Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ State of injury _____, 19____
 Where did injury occur? FEB 23 1938
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Gadsden, M. D.
 (Address) Liberty mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

