

REC'D MAR 15 1938

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

Do not use this space.

6641

1. PLACE OF DEATH

County Douglas Registration District No. 258
Township Independence Primary Registration District No. 5406
City Kennett, Mo. No. _____ St. _____ Ward _____

2. FULL NAME

George Robert Britton 635

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-18-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Bragg City, Mo.

13. NAME Floyd Britton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bono, Ark.

15. MAIDEN NAME Clara Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

17. INFORMANT (ADDRESS) J. R. Woods - Bragg City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hogsh- DATE Feb. 20 1938

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett, Mo.

20. FILED 2-24-38 Thelma Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-19 1938

22. I HEREBY CERTIFY, That I attended deceased from Unattended by _____, 19____

I last saw h. Physician, 19____ Death is said to have occurred on the date stated above, at 1:40 a.m.

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

Unattended by a physician (Date of onset)

Premature Birth

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Other contributory causes of importance:

L. C. pneumonia

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) George J. Schmitt, M.D.

Coroner Douglas Co (Address) _____

W. 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.

