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.

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

REC'D JUN 9 1938

Do not use this space.

17282

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kans — Primary Registration District No.: 1002

City: Kansas City (No.: Wesley Hospital St. Ward)

File No.:

Registered No.: 1979

2. FULL NAME: Mrs. Ida Britt

(a) Residence, No.: 105 Eaton K.C., Kansas 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	1	13	

OCCUPATION

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.:

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): Pleasant Hill Missouri

FATHER

13. NAME: William White

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

MOTHER

15. MAIDEN NAME: Amanda Montjoy

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

17. INFORMANT (ADDRESS): Mrs. Anna Kelley 105 Eaton

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park DATE May 16, 1938

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED: May 13, 1938 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/12/38, 19..., to 5/13/38, 19..., I last saw her alive on 5/13/38, 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:

Ruptured gastric ulcer — Date of onset

11 Da

Other contributory causes of importance:

general peritonitis

Name of operation: no Date of:

What test confirmed diagnosis? autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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: no

(Signed) R. Klopper, M. D.

(Address) 1103 Grand Kcmo

Dr. R. R. Coffey
Professional Bldg.