WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

REC'D JUN 12 1938

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 20864

Township Kaw — Primary Registration District No. 1002 — Registered No. 2314

City Kansas City Mo. (No. ..., Northeast Hospital St. ..... Ward)

2. FULL NAME Joseph B. Britt 630

(a) Residence, No. Lincoln, Nebraska St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Loretta Nelson (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/24/1859

7. AGE: YEARS 78 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Ill. 1

FATHER
13. NAME: James Britt 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER
15. MAIDEN NAME: Martha Mopham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Emma Nichols, 2620 Colorado, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln, Neb. DATE 6/6/28 19

19. UNDERTAKER (ADDRESS): Shell Funeral Home, 6606 Indep. Ave., K. C. Mo.

20. FILED June 8, 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1938

22. I HEREBY CERTIFY That I attended deceased from ..... 19..., to ..... 19...

I last saw h[illegible] alive on ..... 19..... Death is said to have occurred on the date stated above, at 9/30 a.m.

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

Date of onset

Acute dilatation of the heart

93 C

Other contributory causes of importance: Myocardial degeneration

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? No

If so, specify .....

(Signed) Harold J. McInally, M. D.

(Address) 500 Bryant Bldg.