

REC'D AUG 11 1938

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

25618
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Dalbena Primary Registration District No. 2007 Registered No. _____
(c) City Joplin (d) Street No. 515 E Ninth St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 6 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MERRIMON BRITTENHAM
(a) Residence, No. 515 EAST NINTH St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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. 17 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as 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) Joplin
(STATE OR COUNTRY) Missouri

13. NAME William D. Brittenham

14. BIRTHPLACE (CITY OR TOWN) Neasho
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Gladys Cash

16. BIRTHPLACE (CITY OR TOWN) Peabridge
(STATE OR COUNTRY) Kansas

17. INFORMANT Wm. D. Brittenham
(ADDRESS) 515 E. 9th. Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE July 25, 1938

19. FUNERAL DIRECTOR (NAME) Laughes Mortuary
(ADDRESS) Joplin Mo

20. FILED 7-25-38 Ed James
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-20-38 to 7-20-38

I last saw him alive on 7-20-38, 1938. Death is said

to have occurred on the date stated above, at 10:30 am.

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

Malnutrition
HT. 71.50 - 155

Date of onset

Other contributory causes of importance
Only saw this body on time

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) Ed James M. D.

(Address) Joplin Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, F. M.

Jones - _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.