

1938

SEP 9 1938

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

Do not use this space.

30063

## 1. PLACE OF DEATH

County Saint Louis Registration District No. 784  
Township Carondelet Primary Registration District No. 200  
City Jefferson Barracks (No. U.S. VAM Facility) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1374

2. FULL NAME Spencer BRITTON

(a) Residence, No. 2840 Stoddard Avenue St. \_\_\_\_\_ Ward Saint Louis, Missouri.  
(Usual place of abode) Unkn. (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF Mrs. Allie Britton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day work  
10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unkn.

12. BIRTHPLACE (CITY OR TOWN) Jackson,  
(STATE OR COUNTRY) Tennessee.

FATHER 13. NAME Bill Britton

14. BIRTHPLACE (CITY OR TOWN) Jackson,  
(STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Millie Tyson

16. BIRTHPLACE (CITY OR TOWN) Jackson,  
(STATE OR COUNTRY) Tennessee

17. INFORMANT Clinical Staffing Jefferson  
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Jackson, Tenn. DATE Aug. 19, 1938

19. UNDERTAKER Chas. Gates  
(ADDRESS) 4107 Finney Ave.

20. FILED AUG 11 1938 W. R. Meyer Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to August 15, 1938

I last saw him alive on August 15, 1938 Death is said to have occurred on the date stated above, at 2:45A.m.

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

Carcinoma of stomach and esophagus Date of onset Unkn.

Other contributory causes of importance:  
Cardiac hypertrophy, mild. Unkn.  
Cardiac arrhythmia. Unkn.

Name of operation Gastrostomy Date of 8/13/38  
by Clinical Staffing and Laboratory  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

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 See Physician  
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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.

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, \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3522  
P.O. Address \_\_\_\_\_