

REC'D OCT 18 1938

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

32979
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 11021 5870
 (b) Township Princeton Primary Registration District No. 7850 Registered No. _____
 (c) City Bray City R-1 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Lee Britt 630

(a) Residence, No. _____ 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

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 9

OCCUPATION 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) Kennett Mo (STATE OR COUNTRY) 0

FATHER 13. NAME Thomas Britt 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Agnes Springer

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

17. INFORMANT (ADDRESS) Thomas Britt
Bray City R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Rector Park DATE 9-30-38

19. FUNERAL DIRECTOR (NAME) First Bank Co
(ADDRESS) Kennett Mo

20. FILED 10/8 1938 Mrs J.R. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1938, to Sept 27 1938
 I last saw him alive on Sept 27 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Acute Malnutrition
11/17
 Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? tra 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) James O. Boyd M. D.
 (Address) Kennett Mo
591

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.....

P. O. Address.....

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

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