REC'D FEB 21 1939

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

1699
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township Washington — Primary Registration District No. 1001 — Registered No. 97
(c) City Saint Joseph — (d) Street No. 520½ South 7th Street 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Miss. Ruth Brittingham
(a) Residence, No. 520½ South 7th Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) June 18, 1909

7. AGE: Years 29 — Months 7[illegible] — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

FATHER
13. NAME John Brittingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Indiania

MOTHER
15. MAIDEN NAME Anna [illegible] Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

17. INFORMANT (ADDRESS) Rev. F. W. Butterfield, 519 South 6th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland cemetery DATE Febr. 1 1939

19. FUNERAL DIRECTOR (ADDRESS) E.R.SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED Jan 31 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1939 to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30A.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

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Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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? no
If so, specify .....
(Signed) B.W. Tadlo Jr Coroner, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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, Theron O. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

and Mollie Sidenfaden

No. ..... or by ....., Registered Apprentice No. 345

working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

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