

DECD MAY 12 1939

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

14660

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204 5282
 (b) Township Shoal Primary Registration District No. 3072 Registered No. 24
 (c) City Cameron (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 635 Nettie Isabelle Brittain

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) Dekalb Co.
 (STATE OR COUNTRY) Mo.

13. NAME W. C. Wiss

14. BIRTHPLACE (CITY OR TOWN) Parkerville,
 (STATE OR COUNTRY) Kans.

15. MAIDEN NAME Mary Hahn.

16. BIRTHPLACE (CITY OR TOWN) Clay Co.
 (STATE OR COUNTRY) Mo.

17. INFORMANT W. C. Wissore
 (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn, Mo. DATE APR 25 1939

19. FUNERAL DIRECTOR O. A. Moore.
 (ADDRESS) Cameron, Mo.

20. FILED Apr 25 1939 W. C. Wissore
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 23 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938, to April 22, 1939

I last saw her alive on April 22, 1939. Death is said

to have occurred on the date stated above, at 4 A.M.

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

Chronic Myocarditis

Date of onset
1937

Other contributory causes of importance:

Syphilis

State Board of Health Lab. Test
3-15-39.

W. C. Wissore

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) W. C. Wissore

(Address) Cameron Mo.

I. X12004
 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.

RECEIVED

Health Officer No. 11

Certificate File Number 39-266

Date Filed MAY 8 1933

STATEMENT BY LICENSED EMBALMER

I, Maace, Licensed Embalmer No. 1180
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Maace
L. E.
No. _____ or by _____, Registered Apprentice No. ✓
working under my personal supervision.
Signed Maace
Licensed Embalmer No. 1180

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.)