

MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH15519
Do not use this space.

1. PLACE OF DEATH

(a) County Merced Registration District No. 534
 (b) Township Washington Primary Registration District No. 5747 Registered No. 8
 (c) City _____ (d) Street No. _____ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1635 David Brittain St. Mill Grove Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Brittain
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1861
 7. AGE YEARS 78 MONTHS 1 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. blacksmith
 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) Mo.13. NAME George Brittain14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Eldon Brittain
Mill Grove Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE April 22, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Mass
Princeton Mo.20. FILED April 27, 1939 Mrs. C. Paul Thomas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 193922. I HEREBY CERTIFY, That I attended deceased from April 2, 1939, to April 28, 1939I last saw him alive on Apr 6, 1939 Death is said to have occurred on the date stated above, at 6 PM

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

Pulmonary Tubercu
losis
Influenza 23
 Date of onset Apr 2, 1939
Nov 15, 1931
1938

Other contributory causes of importance: Chronic Bright's diseaseName of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes23. 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) P. J. M. Perry (Address) 493

RECEIVED

DEPARTMENT OF HEALTH

District File Number 39-393

Date Filed MAY 2 1939

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, W. H. Hall

W. H. Hall, or by _____

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

Signed W. H. Hall

Licensed Embalmer No. 2634

P. O. Address Princeton Mo.

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.