

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

25242
Do not use this space.

REC'D AUG 2 1939

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 104
 (b) Township Round Prairie Primary Registration District No. 5165 Registered No. 198
 (c) City _____ (d) Street No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 630 Mrs. Arlie Ruby Britt
 2. PRINT FULL NAME _____
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. Female 4. COLOR OR RACE Negro SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1890
 7. AGE YEARS 49 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Missouri
 13. NAME Sam Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Carrie Logan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT John Britt
 (ADDRESS) Fulton, Mo
 18. BURIAL OR REMOVAL INFORMATION OR REMOVAL Ceres Fork Cem. Call Co. DATE July 19-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eli Bells
Fulton, Mo.
 20. FILED July 18 1939 P. N. Crews
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16-1939
 22. I HEREBY CERTIFY That I attended deceased from April 13, 1939 to July 16, 1939
 I last saw her alive on April 15, 1939 Death is said to have occurred on the date stated above, at 12:25 A m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset _____
 Other contributory causes of importance: T.B. Hip
 Name of operation Bronch. Nys. Date of operation April 15
 What test confirmed diagnosis? X-ray 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) A. W. G. [Signature], M. D.
 (Address) Fulton, Mo.

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..... *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.