

SEP 19 1939

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

30043  
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 784  
 (b) Township Buttwell Primary Registration District No. 5980  
 (c) City Hazlet (d) Street No. 12 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

Melinda Jane Britton  
 (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 widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Britton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 4 18

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. housewife  
 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) Lincoln Co. Mo.

13. NAME Joseph Foster

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

15. MAIDEN NAME Sarah Jane Telford

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

17. INFORMANT (ADDRESS) Missie Cook  
Missie Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Unitarian DATE 9-1-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Taylor  
Mo.

20. FILED 9/14 1939 W. Greenblatt  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1939

22. I HEREBY CERTIFY, THAT I attended deceased from Aug 10 1939, to Sept 3 1939  
 I last saw her alive on Aug 20 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

myocardial degeneration  
g2c  
 Other contributory causes of importance:  
hypertension, coronary atherosclerosis

Name of operation no Date of no  
 What test confirmed diagnosis? chest 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? no Date of injury no  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) Wm. Taylor, M. D.  
Mo. (Address) no

**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.

**RECEIVED**  
District Health Officer No. 5,

District File Number 939 237

Date Filed 9-15-35

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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