

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

33044  
Do not use this space.

**REC'D OCT 20 1939**

**1. PLACE OF DEATH**

(a) County Montgomery Registration District No. 588  
 (b) Township North Primary Registration District No. 5786a  
 (c) City Near Montgomery - C. 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**

630 William Aurbury Britt  
 (a) Residence, No. Canville 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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 th 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. home  
 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) Near Montgomery Mo

13. NAME Duey C. Britt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Mo

15. MAIDEN NAME Irene Otey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT (ADDRESS) Duey C. Britt Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery C. C. DATE 9/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED Oct 1939 Mrs. U. A. Cullom Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1939

22. I HEREBY CERTIFY, that I attended deceased from Sept 14 1939, to Sept 14 1939.  
 I last saw h. at time of death alive on at time of death. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

Congenital heart  
 Other contributory causes of importance: 157C

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) [Signature] M. D.  
[Signature] (Address) \_\_\_\_\_

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.

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630

Canville

no

Sept 9

5

home

near Montgomery

Mo

Duey C. Britt

Montgomery Mo

Irene Otey

St. Charles Mo

Duey C. Britt

Montgomery City Mo

Montgomery C. C.

9/14/39

C. W. Hopkins

Montgomery City Mo

Oct

1939

Mrs. U. A. Cullom

Local Registrar.

875

(Address)

[Signature]

[Signature]

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**