

FILED MAR 9 - 1940

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

6654
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 2 316
 (b) Township SPRINGFIELD Primary Registration District No. 2901 Registered No. 180
 (c) City SPRINGFIELD (d) Street No. 1844 Washington 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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 633 Hiram A. Britton
 (a) Residence, No. 1844 Washington St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1852
 7. AGE YEARS 87 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Janitor
 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) Ill. 1
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
 17. INFORMANT Mary Jeweller
 (ADDRESS) 1844 Washington
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Ave. Feb 23 1940
 19. FUNERAL DIRECTOR (NAME) J. P. Campbell
 (ADDRESS) 867 Wash. Ave. 2540
 20. FILED 2/22/40 Chas. A. George, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1940
 22. I HEREBY CERTIFY That I attended deceased from February 11, 1940, to February 20, 1940
 I last saw him alive on February 19, 1940. Death is said to have occurred on the date stated above, at 5-42 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Resulting
Bulbar paralysis
Hemiplegia
 Date of onset _____
 Other contributory causes of importance _____
 Name of operation None 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? Yes
 If so, specify _____
 (Signed) James B. Clark, M. D.
 (Address) 2 P.O. & Summit

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.

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.....

H.P. Campbell

....., Registered Apprentice No.....

working under my personal supervision.

Signed

H.P. Campbell

Licensed Embalmer No.

1747

P. O. Address

Springfield

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.

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