

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

7837

Do not use this space.

1. PLACE OF DEATH **MADE 11 1940**(a) County **Pulaski**(b) Township **Union**(c) City **Dixon**Registration District No. **5**Primary Registration District No. **5940**Registered No. **76**

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(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 **635 Sarah Susan Brittian**

(a) Residence, No. _____

(Usual place of abode, if no street address, write county or city) _____

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Wm. C. Brittian

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

2/28/1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

84

11

23

OCCUPATION

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Green County
Missouri

FATHER

13. NAME

James Leek

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)Wm. C. Brittian
Dixon, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dixon

DATE

2/25/1940

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)Fred H. Gilbert
Dixon, Missouri

20. FILED

2/28

19. 1940

AS Lick

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

2/23/1940, 19

22. I HEREBY CERTIFY, That I attended deceased from

2-22-

1940, to

2-23-

1940

I last saw her alive on 2-23-1940 Death is said

to have occurred on the date stated above, at 6:10 p.m.

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

Chronic myocarditis
and myocardial
degeneration

Date of onset

Other contributory causes of importance:

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

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)

C. Miller M.D. J.M.D.

(Address)

Dixon, 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, ...

February 23, 1940

or by

Registered Apprentice No., working under my personal supervision.

District Health Officer No. 5,

District File Number 340 281

Date Filed 3840

Signed

Fred M. Gullett

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.