

FEB 24 1928

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

Do not use this space.

3852

1. PLACE OF DEATH

County Andrew

Registration District No. 896

Township Marshfield

Primary Registration District No. 4642

City Marshfield (No. ....)

File No. ....

Registered No. 7

St. .... Ward)

2. FULL NAME

Jermlia Brittain

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Prof Brittain

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

June 6, 1855

7. AGE

YEARS

MONTHS

DAYS

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

72

7

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Honorwork

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Irving, Co. Mo.

10. NAME OF FATHER

Ross Tracy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

R L D Giles, Marshfield Mo

15.

DIED

Jan 20, 1928 J P Bruce

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 26 1928

17.

HEREBY CERTIFY That I attended deceased from Jan 19, 1928 to Jan 26, 1928 that I last saw him alive on Jan 26, 1928, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

Senility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J P Bruce M. D.

Jan 16, 1928 (Address) Marshfield Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Marshfield

1/27 1928

20. UNDERTAKER

ADDRESS

H. J. M. Graham

Marshfield

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.

