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

Do not use this space.

10841

File No.

Registered No. 4

1. PLACE OF DEATH

County Montgomery — Registration District No. 289

Township Brick Creek — Primary Registration District No. 5787

City Jonesburg (No. ..... St. ..... Ward)

2. FULL NAME Tena May Britton

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	7	13	

8. OCCUPATION OF DECEASED

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

(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) Missouri

PARENTS

10. NAME OF FATHER W H Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Ellen Gilbreth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT W H Black
(Address) 161 Superior St Marion Co.

15. FILED March 20, 1931 E. A. Ball REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 16, 1931, that I last saw her alive on March 17, 1931, and that death occurred, on the date stated above, at about 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia both Lungs

108 1944 108

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Exposure + neglect

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) E. A. Ball, M. D.

, 19 (Address) Jonesburg

*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
Jonesburg Mo	Mar 18 1931

20. UNDERTAKER	ADDRESS
C M Thurman	Jonesburg Mo

SEP 1 6 1940