

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

Do not use this space.

13097

1. PLACE OF DEATH

County Andrain

Registration District No. 5734 <sup>27</sup>

File No. 7

Township Rush Hill Mo

Primary Registration District No. 27 <sup>4020</sup>

Registered No. 7

City Rush Hill Mo (No.       )

St. Mo Ward       

2. FULL NAME Francis P. Britton

(a) Residence No. Rush Hill Mo - St. Mo Ward.       

(If nonresident give city or town and State)

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Female White Single

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

Single

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

Sept. 2 - 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,        hrs. or        min.

23

7

17

8. OCCUPATION OF DECEASED

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

School Teacher

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

215

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Troy Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Thomas H Britton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Andrain Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mrs. B. Paul

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Monticello Mo

(STATE OR COUNTRY)

14. INFORMANT

Thos. H. Britton

(Address)

Rush Hill Mo

15. FILED

4-27-31

A. E. Connel

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19-1931

17. I HEREBY CERTIFY, That I attended deceased from March 1931 to April 19 1931 and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Sho Colitis

CONTRIBUTORY (SECONDARY) Intestinal

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Place Death

DID AN OPERATION PRECEDE DEATH? no DATE OF       

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exams

(Signed) M. E. Connel M. D.

, 19 April 19 1931 (Address) Rush Hill 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

Ladsonia Mo 4 20 1931

20. UNDERTAKER ADDRESS

H. A. Preech & Son Mexico Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

APR 21 1931

