

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

279187

1. PLACE OF DEATH

County Dunklin Registration District No. 283
Township Burgess Primary Registration District No. 5402
City (No. _____) St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawai waji
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ind.

FATHER 13. NAME W. E. Britton

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

MOTHER 15. MAIDEN NAME Jane Higginbotham

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

17. INFORMANT (ADDRESS) R. F. Mitchell
Paragould Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Paragould Ark DATE 8-11 1931

19. UNDERTAKER (ADDRESS) R. F. Mitchell
Paragould Ark

20. FILED 8/10 1931 R. F. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1931

22. I HEREBY CERTIFY, That I attended deceased from April 17- 1931, to Aug-22 1931
I last saw her alive on Aug-22 1931. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:
W.B.A.

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 _____ 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? _____
If so, specify _____
(Signed) Ch. B. Burt M. D.
(Address) Paragould Ark

