

JUN 20 1935

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

Do not use this space.

16155

1. PLACE OF DEATH

County Green Registration District No. 318
Township 5-Campbell Primary Registration District No. 2001
City Springfield, Mo. (No. 139) (St. 5-Campbell)

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 739 S. Campbell 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W. M.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Brittain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 1861</u>		
7. AGE <u>74</u> YEARS	MONTHS <u>3</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>4 1/2</u>
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) <u>1934</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Republic Mo</u> <u>Green Co</u>		
13. NAME <u>William G. Liborn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Mary E. Logan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT (ADDRESS) <u>Elsie Roney</u> <u>739 S Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brittain</u> DATE <u>May 14</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. Roney</u> <u>At Washfield Mo</u>		
20. FILED <u>5-14</u> 35 <u>Alldaugston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to May 12 1935

I last saw her alive on May 10 1935. Death is said to have occurred on the date stated above, at 7:10 p. m.

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

arterio sclerosis
Cerebral edema Date of onset 4-1-35

Other contributory causes of importance:
Shock following neck laceration 4-22-35

Name of operation Neck lacerated Date of 4-22-35
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? Yes (suicide) Date of injury 4-22 1935

Where did injury occur? Republic, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self inflicted knife wound
Nature of injury External jugular vein severed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Daniel L. Yancey, M. D.
(Address) 214 N. Jefferson
Springfield, Mo

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.

