REC'D MAR 15 1939

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

6036
Do not use this space.

1. PLACE OF DEATH
(a) County Butler | Registration District No. 88
(b) Township Moon Island | Primary Registration District No. 6268 | Registered No. 9
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 Alberta Leal Britt
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1939
7. AGE: YEARS — MONTHS — DAYS 8 | If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) 0

FATHER
13. NAME Thomas Britt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

MOTHER
15. MAIDEN NAME Oretta Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo.

17. INFORMANT (ADDRESS) Chas Powell Nellyville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith Cem DATE Feb. 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neighbors.
20. FILED 2-13 1939 E Lautenfelt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1939
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 525 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
6 months Gestation	
Other contributory causes of importance: unknown	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) Grover W Greer Coroner M.D.
(Address) Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.