

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

Do not use this space.

11985-a

**1. PLACE OF DEATH**

County Ray Registration District No. 744 File No. 74  
 Township Richmond Primary Registration District No. 3035 Registered No. 74  
 City Richmond (No. ....) St. .... Ward

**2. FULL NAME** Berry Britt

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-17-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 2 15

8. OCCUPATION OF DECEASED 131 Miner 92 75  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Paradise (STATE OR COUNTRY) MO

10. NAME OF FATHER T. J. Britt

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

14. INFORMANT Martha Gaud (Address) Excellor Springs

15. 8-15-31 E. E. Gay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-3, 1929 to 3-4, 1929 that I last saw him alive on 3-3, 1929, and that death occurred, on the date stated above, at 5-2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
organic heart  
Dilated Mitral Valve  
Chronic Nephritis  
 CONTRIBUTORY (SECONDARY) (duration) 1 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED ✓ IF NOT AT PLACE OF DEATH. ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. Lewis M. D. of Richmond, 1929 (Address) Richmond

\*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 County Farm DATE OF BURIAL Mar-4-1929

20. UNDERTAKER E. Thurman ADDRESS Richmond

*(This certificate was left on my desk & became lost in my files so I had it retyped.)*

K. 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.

WRITE PLAINLY, WITH THIS

SEP 25 1931

