

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.

JUL 22 1933

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

Do not use this space.

19344

1. PLACE OF DEATH

County *Stumpkin*
Township *Malcomb*
City (No. _____) _____

Registration District No. *284*
Primary Registration District No. *5404113*

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

2. FULL NAME

Vale Fredrick 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 26 1933*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *3 3*

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

MOTHER 13. NAME *Johnnie W Britt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

15. MAIDEN NAME *Glasg Demouant*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

17. INFORMANT (ADDRESS) *Johnnie W Britt*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Stumpkin* DATE *June 29 1933*

19. UNDERTAKER (ADDRESS) *W. H. Anderson Co. Malcomb mo.*

20. FILED *June 29 1933* *J. Anderson* Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 29 1933*

22. I HEREBY CERTIFY, That I attended deceased from *June 24 1933* to *June 29 1933*

I last saw him alive on *June 29 1933* Death is said to have occurred on the date stated above, at *4 A. M.*

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

Pneumonia
Asphyxia
Asphyxia
Date of onset *6/29/33*

Name of operation _____ Date of _____
What test confirmed diagnosis? *Spec. Lab.* 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) *J. Anderson* M. D.
(Address) *Malcomb mo.*

1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The second part of the report deals with the financial aspects of the work, including the budget and the expenditure. The third part of the report discusses the personnel and the organization of the work. The fourth part of the report discusses the future plans and the prospects of the work.