

DEATH, DIST. No. _____
 of the District of
SAN FRANCISCO

California State Board of Health
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH

State Index No. _____
 Local Registered No. 1424

SAN FRANCISCO

(No. 245 Leavenworth St.; St.; 1 Ward)

[If death occurred in a hospital or institution, give its NAME, instead of street and number and fill out Nos. 18a and 12b.]

Serial Registration District _____

FULL NAME James Edward Britt,

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX _____ COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married,

DATE OF DEATH February 26, 1925 19____
 (Month) (Day) (Year)

If married, widowed, or divorced HUSBAND of _____ WIFE of W. F. Britt,

I HEREBY CERTIFY, That I attended deceased from _____
Jan 1, 1925, to Jan 22, 1925

DATE OF BIRTH Feb. 25, 1856
 (Month) (Day) (Year)

that I last saw him alive on Jan 22, 1925
 and that death occurred on the date stated above at 3:30 m.
 The CAUSE OF DEATH* was as follows:

AGE 67 years - 3 months - 3 days or _____ min.
 If LESS than 1 day, _____ hrs.

OCCUPATION
 (a) Trade, profession, or particular kind of work Plumbing Inspector,
 (b) General nature of industry, business, or establishment in which employed (or employer) Board of Health,
 (c) Name of employer S.F. Calif

 (Duration) _____ years _____ months _____ days

BIRTHPLACE (State or country) Brooklyn, N.Y.

Contributory Cardiac disease
 (Duration) _____ years _____ months _____ days

NAME OF FATHER John Britt,

BIRTHPLACE OF FATHER (city or town), (State or country) Ireland

Where was disease contracted
 If not at place of death? _____

MAIDEN NAME OF MOTHER Mary Julia Feehey

Did an operation precede death? No Date of _____

BIRTHPLACE OF MOTHER (city or town), (State or country) Ireland

Was there an autopsy? No

LENGTH OF RESIDENCE
 A. Place of Death 52 years _____ months _____ days
 (If temporary, give city or town and state)
 In California 55 years _____ months _____ days

What test confirmed diagnosis? Clinical
 (Signed) J. W. McNamee M. D.
March 1, 1925 (Address) 209

How long in U.S., if of foreign birth? _____ years _____ months _____ days

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PLACE OF BURIAL OR REMOVAL BURIAL DATE OF BURIAL _____

(Informant) Garow and English
 (Address) 1613 Geary St.

UNDERTAKER Garow and English EMBALMER'S LICENSE No. _____

Filed _____ 19____ at 615 Fillmore St.
 Registrar or Deputy

ADDRESS 1613 Geary St. 984

READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE