

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.

MAY 22 1933

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

Do not use this space.

12215

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Northville (No. _____ St. _____ Ward _____)

2. FULL NAME Elma Madean Briggs
 (a) Residence, No. 416 South Elm St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
00 5 00

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Northville
(STATE OR COUNTRY) Missouri

13. NAME Leese E. Briggs

14. BIRTHPLACE (CITY OR TOWN) Willa
(STATE OR COUNTRY)

15. MAIDEN NAME Alberta Decker

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Leese E. Briggs
(ADDRESS) 416 South Elm St. Northville

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bible Grove DATE 4-4 1933

19. UNDERTAKER Dee Hiley
(ADDRESS) Northville Mo

20. FILED 4/4 1933 Ed Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 3 1933, to Apr 3 1933
 I last saw her alive on Apr 3 1933. Death is said to have occurred on the date stated above, at 4:15 a.m.
 The principal cause of death and related causes of importance were as follows:

known 15-16-18
Influenza
11B
11B
 Other contributory causes of importance:
 Date of onset 3/15/33

Name of operation None Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) J. W. Martin, M. D.
 (Address) Northville Mo

1933-4-3
1932-11-3

①-5-0