

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1411

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. 037)

Registration District No. 339
Primary Registration District No. 037

File No. 1411
Registered No. 391
St. Harrisonville Mo. Ward 2

2. FULL NAME

BERTHA MABEL BRIGGS

(a) Residence, No. HARRISONVILLE MO. St. Mo. Ward Harrisonville Mo.
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WILLIAM J BRIGGS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN 28 1889</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>11</u>	DAYS <u>28</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HANDWRITER</u>		
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) VICTORIA IOWA
(STATE OR COUNTRY) CASS COUNTY - IOWA

13. NAME JAMBSON LEE

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

15. MAIDEN NAME MARIE FLANN LEE

16. BIRTHPLACE (CITY OR TOWN) BOONVILLE
(STATE OR COUNTRY) IOWA

17. INFORMANT (ADDRESS) J. J. Briggs Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville Mo. DATE Jan 28 1934

19. UNDERTAKER (ADDRESS) Kennelburg Co Harrisonville Mo.

20. FILED Jan 26 1934 W. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 26, 1934. I last saw her alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

SEPTICEMIA - Hemolytic

shock
140
1036
1000

Other contributory causes of importance:

Phlebotomy Relieve Virus

Name of operation none Date of 2

What test confirmed diagnosis? 3 blood cultures Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 4, 1934

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

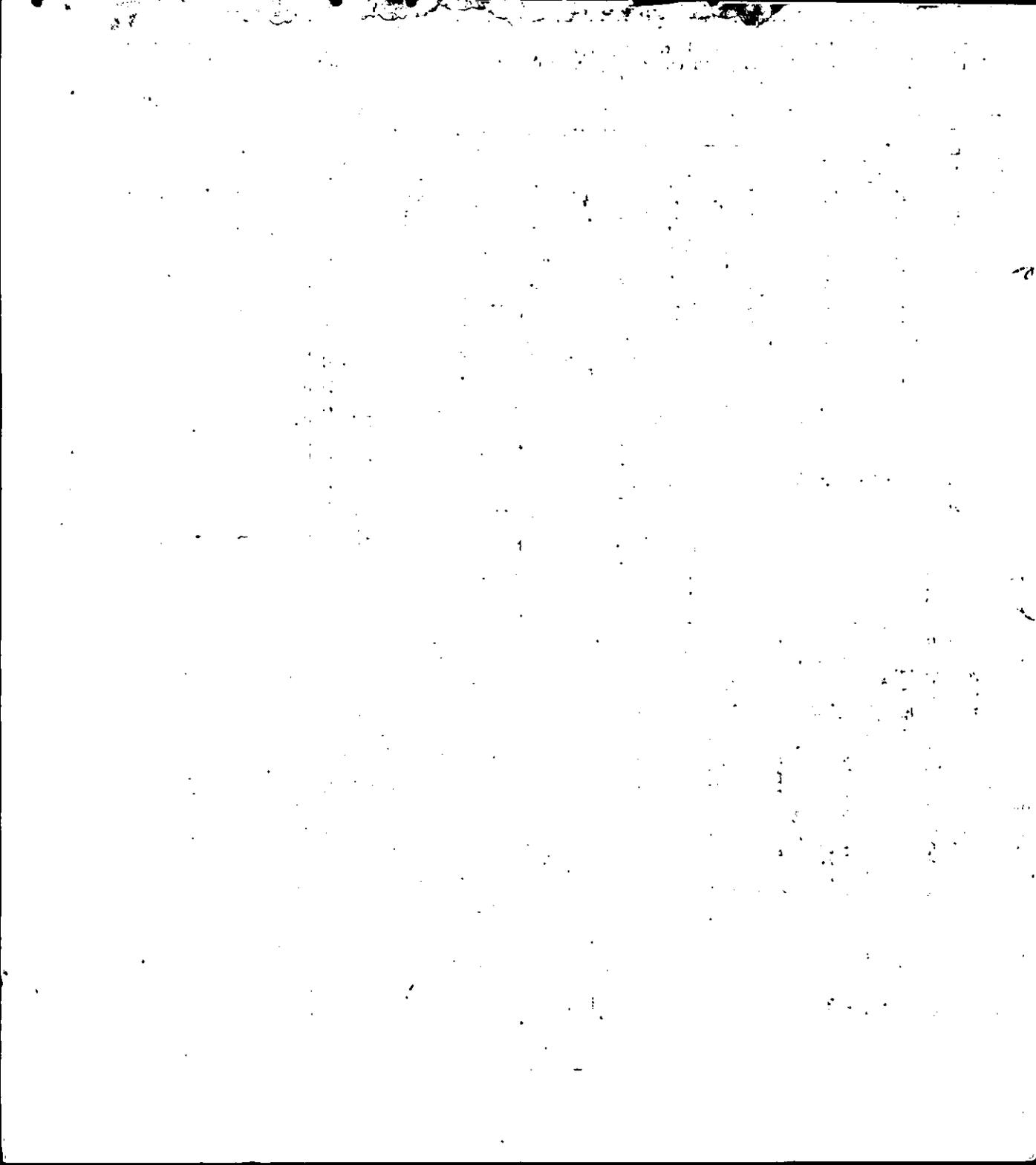
(Signed) Joseph E. Welker M. D.

(Address) Professional Bldg. Kansas City Mo.

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.

27 1934

23
24



#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

1411

391

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Beilha Mabel Bezzo
Who died at _____ on Jan 26 - 1935
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Septiemeau - Henault, Stey

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Phlebitis Pelvic veins

Subsequent to incomplete abortion (from history)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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)

100-100000-100000
100-100000-100000
100-100000-100000

FORWARDED TO THE DIRECTOR

GENERAL INVESTIGATIVE DIVISION

MEMORANDUM

TO : SAC, NEW YORK (100-100000-100000)

FROM : SAC, NEW YORK (100-100000-100000)

SUBJECT: [Illegible]

5-14-11

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar *M. M. Corowe* Date filed *7/26/34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. J. Mc Guire *in at*
g.c.

Special Agent.

Reg. Dist. No.

Primary Reg. Dist. No.

