

JAN 29 1937

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

Do not use this space.

44536

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____, _____ St. _____ Ward)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. _____

2. FULL NAME Rebecca G. Briggs

(a) Residence, No. 11420 Lebo St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude E. Briggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-12-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 5 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Co., Mo.

FATHER 13. NAME Issac Sell

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

MOTHER 15. MAIDEN NAME Emilie M. Queen

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

17. INFORMANT Claude E. Briggs
(ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebo DATE 12-13 1936

19. UNDERTAKER J. E. Wickman
(ADDRESS) Clinton, Mo.

20. FILED 12-14 1936 J. R. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Post 10 Jan 19 to 12-10 1936

I last saw her alive on 10-9 1936 Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Ch. Intestinal Hepatitis
Massive Pleural Effusion etc.
Abdominal Pain
(Nature not known)
Cardiac Hypertrophy with
terminal Dilatation

Other contributory causes of importance:
terminal Dilatation

Name of operation Stapedial aspiration
What test confirmed diagnosis? _____ 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) E. C. Sellers M. D.
(Address) Clinton, 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.

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