APR 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Vernon
Township: Montevallo
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 873
Primary Registration District No. 6157

File No. 13930
Registered No. .....

2. FULL NAME: Walter W. Briggs
(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: male
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: Martha V. Briggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 16 - 1851
7. AGE: Years 85 Months 4 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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): Madison Co. Wis.

FATHER
13. NAME: David Briggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisc.

MOTHER
15. MAIDEN NAME: Alma Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT (ADDRESS): Mrs. Martha Briggs Sheldon Mo R.F.D.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. James DATE: 3/10 1937
19. UNDERTAKER (ADDRESS): Howard Funeral Home
20. FILED: Mar. 20 1937 W. H. Ohnscholer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 10 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan - 15, 1937, to Mar 10, 1937
I last saw him alive on Mar. 8, 1937. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	

Other contributory causes of importance:

General edema

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) M. D. Ferry Coroner
(Address) Nevada 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.

He died Wed Mornd Remember and so you will not forget Yes Br. God