

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

Do not use this space.

1. PLACE OF DEATH
EC 20 1937

County Jackson
Township Kaw
City Kansas City (No. 3939 Garfield)

Registration District No. 399
Primary Registration District No. 1002

File No. 40276
Registered No. 4590
St. _____ Ward _____

2. FULL NAME Mrs. Margaret Briant

(a) Residence, No. _____ St., _____ Ward. Turney, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Marvin Briant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Telephone

10. Date deceased last worked at this occupation (month and year) Oct. 17, 1937 11. Total time (years) spent in this occupation 7 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Midway, Kentucky

13. NAME Lewis Taylor

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

15. MAIDEN NAME Eleanor Harper

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

17. INFORMANT Forrest H. Briant
(ADDRESS) 3939 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Turney, Mo. DATE Nov. 16, 1937

19. UNDERTAKER D. J. Newcomer's Sons
(ADDRESS)

20. FILED Nov. 15, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Nov. 14, 1937.
I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Chronic Myeloid Leukemia March 1932
Other contributory causes of importance: 72a
Casleia 12/15/37

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood count 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) M. G. Gonzalez, M. D.
(Address) 802 So. W Blvd. K.C. 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.

Faint, mostly illegible text, possibly a document or form, with some visible words like "UNITED STATES" and "DEPARTMENT OF" scattered across the page.

Mr. H. ...
802 1/2 Southward Blvd.