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.

REC'D SEP 12 1939

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

28636
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 58
(b) Township — Primary Registration District No. 1001 — Registered No. 867
(c) City Saint Joseph — (d) Street No. 425 North 11th Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Bertha V. Briggs
(a) Residence, No. 425 North 11th Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

620

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 --- Leslie E. Briggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1896

7. AGE: YEARS 43 — MONTHS 0 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) January 1939
11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Cross, Wisconsin

FATHER
13. NAME John W. Nemier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Annie Pocwaska
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

17. INFORMANT (ADDRESS) Leslie E. Briggs 425 North 11th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blockton, Iowa DATE Aug. 25, 1939

19. FUNERAL DIRECTOR (ADDRESS) E.R. Sidenfaden Funeral Home 602 South 10th Street

20. FILED Aug. 24, 1939 H. J. Nestlebush P.B. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1939, to Aug 23, 1939
I last saw her alive on July 23, 1939. Death is said to have occurred on the date stated above, at 2:30P m.
The principal cause of death and related causes of importance were as follows:

General carcinoma of viscera

Date of onset

46

Other contributory causes of importance:
Primary carcinoma of sigmoid

Name of operation Colostomy Date of 5-12-39
What test confirmed diagnosis? Biopsy 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) Thomas Redmond M. D.
(Address) 328 Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

Mr Thomas
Pedersen

STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. and by Mollie E. Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)