

SEP 20 1938

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

Do not use this space.

29261

1. PLACE OF DEATH
County Adair Registration District No. 347
Township Leasdale Primary Registration District No. 5501A
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME William Briggs
(a) Residence, No. R.F.D # 2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-40-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 4 6

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

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) Clinton Mo

13. NAME James P Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn

15. MAIDEN NAME Nancy Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va

17. INFORMANT (ADDRESS) Jess Briggs Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebo Cem DATE 8-12-38

19. UNDERTAKER (ADDRESS) Fred C Wilkinson Clinton Mo

20. FILED 8-30-38 J.R. Hampton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Past 3 or 4 years, to 8/10, 1938
I last saw him alive on 7/15, 1938 Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis Date of onset _____
Serubility _____

Other contributory causes of importance: 1066

Name of operation None Date of _____
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) Ed. C. Jellor, M. D.
(Address) Clinton Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1788

Date Filed 9-7-39