

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

Do not use this space.

9454

1. PLACE OF DEATH

County Barny Registration District No. 36  
Township Sugar Creek Primary Registration District No. 5052  
City                      (No.                     ) St.                      Ward                     

2. FULL NAME

Sam L. Briley  
(a) Residence. No.                      St.                      Ward                       
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Briley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Barny Co  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Briley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barny Co  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Briley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barny Co  
(STATE OR COUNTRY)

14. INFORMANT G. S. Briley  
(Address) Seligman Mo.

15. FILED 4/11, 1925 J. R. Osborne  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 31 1925

17. I HEREBY CERTIFY, That I attended deceased from                     , 1925, to                     , 1925, that I last saw h.                      alive on                     , 1925, and that death occurred, on the date stated above, at                      5-00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Subacute enteritis of  
lungs  
234  
31 (duration)                      yrs.                      mos.                      ds.  
CONTRIBUTORY (SECONDARY)                      (duration)                      yrs.                      mos.                      ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH                       
DID AN OPERATION PRECEDE DEATH                      DATE OF                       
WAS THERE AN AUTOPSY                       
WHAT TEST CONFIRMED DIAGNOSIS                     

(Signed) G. S. Briley, M. D.  
, 19 25 (Address) Seligman Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL new Salem Cemetery DATE OF BURIAL 4/1, 1925

20. UNDERTAKER John D. Gains ADDRESS Seligman 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.

