

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Keweenaw
City Keosauqua

Registration District No. 399
Primary Registration District No. Westley Hospital

File No. 13347
Registered No. 1037
Ward

2. FULL NAME

(a) Residence No. 106 No St. Westley Hospital Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mes. da. How long in U.S., if of foreign birth? yrs. mes. da.

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 OR (OR) WIFE OF Jessie Briggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1872

7. AGE: YEARS 55 MONTHS 10 DAYS 12 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Mo

10. NAME OF FATHER M. B. Briggs

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

12. MAIDEN NAME OF MOTHER Lucindia Peere

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

14. INFORMANT (Address) Jessie Briggs
106 No

15. FILED 4/14/28 M M Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 14 1928

17. I HEREBY CERTIFY, That I attended deceased from March 21st, 1928, to April 14, 1928 that I last saw him alive on April 11, 20th, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ether anesthetic. Used for amputation of gangrenous left leg. Caused by thrombosis
(duration) yrs. mes. da. 6
CONTRIBUTORY Nephritis, Chronic
(SECONDARY) (duration) yrs. mes. da. 6

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF April 14/1928

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS. Physical diagnosis & Roentgen
(Signed) E. E. Forster, M. D.

*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 Courville Mo DATE OF BURIAL 4-15 1928

20. UNDERTAKER Mrs E L Forster ADDRESS KE 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.

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