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

Do not use this space.

File No. 27365
Registered No. 3441

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 4138 Michigan St. Ward)
Registration District No. 393
Primary Registration District No. 1028

2. FULL NAME: Irena S. Briggs
(a) Residence. No. 4138 Michigan St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: W. Briggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 13-1850

7. AGE: Years 78 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Wisconsin

PARENTS
10. NAME OF FATHER: Elisha E Hull
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ga
12. MAIDEN NAME OF MOTHER: Mary A Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ga

14. INFORMANT: Will Briggs
(Address): 4138 Michigan

15. FILED: 8-16, 1928 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1927, to July 30, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 2 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Dia
gn
74 Dy
(duration) yrs. 7 mos. ds.
CONTRIBUTORY (SECONDARY) arterio-sclerosis
Number of yrs
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
8/16, 1928 (Signed) O W Butler, M. D
(Address) KC 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: Glatteville Mo
DATE OF BURIAL: 8/16 1928

20. UNDERTAKER: R V Lindsey & Sons
ADDRESS: City

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD