

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

Do not use this space.

32700

1. PLACE OF DEATH

County Barton

Registration District No. 39

Township Golden City

Primary Registration District No. 4023

City Golden City (No.)

File No.

Registered No. 11

St. Ward)

2. FULL NAME

Emily Elizabeth Briant

(a) Residence. No. 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

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 Lucian T. Briant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21-1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mo. 90 | 11 | 16

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work retired 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) Indiana

10. NAME OF FATHER John Chambers

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

12. MAIDEN NAME OF MOTHER Norris

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

14. INFORMANT (Address) Mrs. Muriel Jones Golden City, Mo.

15. FILED 10-9-1928 B. J. Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1928, to Oct 7 - 1928 that I last saw h. alive on Oct 6 - 1928, and that death occurred, on the date stated above, at 10:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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Chronic Interstitial nephritis w/ heart overwear (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

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

0 Did an OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) J. B. Jones, M. D.

Oct 9, 1928 (Address) Golden City, 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 DATE OF BURIAL J.O.O. Co. Golden City 10/10 1928

20. UNDERTAKER ADDRESS E. A. Phillips, Golden City, 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.

20 1928

