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

Do not use this space.

40175

File No. .....
Registered No. 23

1. PLACE OF DEATH
County GENTRY Registration District No. 312
Township JACKSON Primary Registration District No. 418
City KING CITY. (No. ..... St. ..... Ward)

2. FULL NAME JAMES McKENNEY BRIGGS

(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 3 yrs. 2 mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF EMMA BRIGGS

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work GEN. FARMING
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) OTTUMWA
(STATE OR COUNTRY) IOWA.

PARENTS
10. NAME OF FATHER JAMES BRIGGS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) UNKNOWN.
(STATE OR COUNTRY) UNKNOWN
12. MAIDEN NAME OF MOTHER MARTHA McKENNEY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN.

14. INFORMANT Marion A. Briggs
(Address) King City Mo.

15. FILED Dec 25 1928 A. Paulette
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 25, 1928 that I last saw h. alive on Dec. 14, 1928 and that death occurred, on the date stated above, at 6.00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1st Bronchial Pneumonia
1d7
..... (duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (SECONDARY) Probably Influenza
..... (duration) ..... yrs. 10 ds. 12 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. Paulette, M. D
Dec 25, 1928 (Address) King 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 IOLA. CEMETERY (KANSAS) — DATE OF BURIAL 12/26 1928.
20. UNDERTAKER H. D. Wilson — ADDRESS King 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.