

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.

OCT 31 1930

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

Do not use this space.

20232E*

1. PLACE OF DEATH

County Deming Registration District No. 655
Township Bergeria Primary Registration District No. 5872
City Denton (No.) St. Ward)

2. FULL NAME

Hazel B. 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 1 yrs. 16 mos. 16 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-1-1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
1 16
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer) L
(c) Name of employer L

9. BIRTHPLACE (CITY OR TOWN) Denton
(STATE OR COUNTRY) mo

10. NAME OF FATHER J. J. Briggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stell
(STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Elsie Lawhorn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo
(STATE OR COUNTRY)

14. INFORMANT J. J. Briggs
(Address) Stell mo R. 1

15. FILED 7/20, 1930 Max P. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1930
17. I HEREBY CERTIFY, That I attended deceased from 16 to 16 June, 1930 that I last saw him alive on 16 June, 1930, and that death occurred, on the date stated above, at 12:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis
119B 131B
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) J. R. McGrath, M. D.

(Address) Stell 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 Lester cem DATE OF BURIAL 6-17 1930
20. UNDERTAKER Guman mobile co ADDRESS Stell mo

1930 6-17
1918 9-10

1-7-7

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