

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

Do not use this space.

20470

1. PLACE OF DEATH  
 County Barry Registration District No. 34  
 Township Center Primary Registration District No. 6239  
 City Center (No. ....) St. .... Ward)  
 2. FULL NAME Louis Cass Briscoe  
 (a) Residence. No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

File No. ....  
 Registered No. 13  
 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHN BRISCOE</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>AUG. 24-1851</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>10</u>	DAYS IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>WASHBURG</u> (STATE OR COUNTRY) <u>MO</u>		
10. NAME OF FATHER <u>JOHN J DUNNAN</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>OK</u> (STATE OR COUNTRY) <u>KY</u>		
12. MAIDEN NAME OF MOTHER <u>HARRIET A. FUBANKS</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>OK</u> (STATE OR COUNTRY) <u>KY</u>		
14. INFORMANT <u>Wiley Briscoe</u> (Address) <u>Center, MO</u>		
15. FILED <u>June 25 1931</u> <u>Ms. W. P. Seary</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24-1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at ..... 5..... hrs. .... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Found dead in bed  
cause unknown, was  
not treated by any doctor  
200B (duration) yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 200B (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 200B  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Samuel H. Salter M. D.  
June 25 1931 (Address) Cassville, 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 <u>Maplewood Cemetery</u>	DATE OF BURIAL <u>7-25-1931</u>
20. UNDERTAKER <u>Barrett &amp; Brinkman</u>	ADDRESS <u>Center, MO</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 22 1931

