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

Do not use this space.

31162

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 320
City Independence (No. Indep Sanitarium St. Ward)

2. FULL NAME Emma Mable 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	4	20	

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

9. BIRTHPLACE (CITY OR TOWN) Wheelers Grove
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Edmund C. Briggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Emma
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New York

14. INFORMANT Dayton Briggs
(Address) 515 W. Van Horn

15. FILED 9-23, 1931 F L Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/10, 1930, to 9/21, 1931 that I last saw her alive on 9/21/31, 1931, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 50
Uro septicemia 52 B
Myocarditis (acute) 93 A
Carcinoma Spinal Cord (Secondary to " Breast) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma Breast
(duration) yrs. mos. ds.

50

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/10/30
WAS THERE AN AUTOPSY? 9/21/31
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Laboratory
(Signed) [signature], M. D.
9-23, 1931 (Address) 10301 Indep Ave KCMO

*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: Mound Grove Cem
DATE OF BURIAL: 9-23-1931.

20. UNDERTAKER: J L Latta
ADDRESS: 214 N. Spring St Independence.

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 23 1931