

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

Do not use this space.

38501

1. PLACE OF DEATH

County Union Registration District No. 601
 Township Permisnot Primary Registration District No. 6863
 City Y glet (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 187

2. FULL NAME Mrs. Elsie P. Brigance

(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 63 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Brigance
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1876
 7. AGE YEARS 55 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Sept 1931
 11. Total time (years) spent in this occupation 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tyler mo

MOTHER
 13. NAME Issac Henry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn

15. MAIDEN NAME Liddie Ann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark.

17. INFORMANT Henry Brigance
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE out town DATE 11-27-31

19. UNDERTAKER German Undert Co
 (ADDRESS) St. Louis mo

20. FILED Dec. 8 1931 Ada Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/7 to 11/25 1931, to 11/26, 1931.
 I last saw him alive on 11/25, 1931. Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Bright Disease (Diabetes) Followed by Prolonged Nephritis
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury X, 1931

Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) Thos. A. Michie, M. D.
 (Address) St. Louis, Mo.

