

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

Do not use this space.

**41308**

**1. PLACE OF DEATH**

County Washburn Registration District No. 411 File No. \_\_\_\_\_  
 Township Washburn Primary Registration District No. 100 Registered No. \_\_\_\_\_  
 City Washburn (No. 300) St. Nebraska Ward) \_\_\_\_\_

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Dickerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1891

7. AGE YEARS 34 MONTHS 7 DAYS 15 If LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shuler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shuler

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent at this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn, Neb.

13. NAME W. D. Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

15. MAIDEN NAME Fannie Stalls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) George W. Briggs

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn, Neb. DATE 12-31

19. UNDERTAKER (ADDRESS) Washburn, Neb.

20. FILED 12-31 1931 U. Benson, Clerk Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1931 to Dec 21, 1931. I last saw her live on Dec 21, 1931. Death is said to have occurred on the date stated above, at 3 P.M.

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

Unknown poxobody meningitis from infection of frontal sinus.

Other contributory causes of importance: 79

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? request Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) George W. Briggs, M. D.  
 (Address) Washburn, Nebraska

WHITE PRINTING, 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.

