

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.

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

Do not use this space.

43143

1. PLACE OF DEATH

County Stone.

Registration District No. 847.

Township Williams.

Primary Registration District No. 6112.

City Williams.

(No.       ,        Ward)

File No.       

Registered No.       

St.        Ward       

2. FULL NAME

Lee Osbern Brigman.

(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.

5A. IF MARRIED, HUSBAND OF

Martha B. Brigman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8th, 1866.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,        hrs.        min.

65

9

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

South Carolina.

PARENTS

10. NAME OF FATHER

Lee Osbern Brigman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

South Carolina.

12. MAIDEN NAME OF MOTHER Hannah B. Ostinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alabama.

14.

INFORMANT

Martha B. Brigman

(Address)

Viola, Mo.

15.

FILED

12-10-1931

J. B. Chapman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4, 1931.

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Dec. 4, 1931.  
that I last saw him alive on Nov. 2, 1931, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intertubular Nephritis.

1324

CONTRIBUTORY (SECONDARY)

(duration)        yrs.        mos.        ds.

(duration)        yrs.        mos.        ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

☒ DID AN OPERATION PRECEDE DEATH? NO DATE OF       

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Urinary and clinical history. E. E. Miller M. D.

12/6/1931 (Address) Blue Eye, 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

DATE OF BURIAL

McCollough Cemetery.

12-5-1931

20. UNDERTAKER

J. B. Chapman

ADDRESS

Blue Eye, Mo.

