

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.

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

Do not use this space.

2052

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township 5 Primary Registration District No. 3033
 City Louisiana No. 614 4032 St. _____ Ward _____
 2. FULL NAME Matilda Briggs
 (a) Residence, No. 614 403 St. _____ Ward _____
 (Usual place of abode)
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Briggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/5/48</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>11</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>2</u>		
FATHER	13. NAME <u>Frances Ward</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(2)</u> <u>31</u>	
MOTHER	15. MAIDEN NAME <u>F</u> <u>(2)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(2)</u>	
17. INFORMANT (ADDRESS) <u>Mrs Mary Clampit</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reveries</u> DATE <u>4/22/32</u>		
19. UNDERTAKER (ADDRESS) <u>J. C. Haegey</u> <u>Louisiana Mo</u>		
20. FILED <u>421</u> 19 <u>32</u> <u>J. C. Haegey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1932 to 1-20 1932
 I last saw her alive on 1-20 1932 Death is said to have occurred on the date stated above, at 2:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
Capillary Bronchitis
 Other contributory causes of importance:
(1)
 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 _____, 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? _____
 If so, specify _____
 (Signed) J. C. Haegey, M. D.
 (Address) Louisiana Mo

