

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

Do not use this space.

15474

**1. PLACE OF DEATH**

County Callaway  
Township Sunrise  
City Madison (No. \_\_\_\_\_)

Registration District No. 109  
Primary Registration District No. 5752

File No. \_\_\_\_\_  
Registered No. 534 / \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |              |   |  |
|---|--|--------------|---|--|
| SEX   | 4. COLOR OR RACE   |              | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |  |
|   | <u>Female</u>  | <u>white</u> | <u>married</u>  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Branch</u> |  |              |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 3 - 1852</u>                     |  |              |   |  |
| 7. AGE  | YEARS  | MONTHS       | DAY   | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>70</u>   | <u>1</u>   | <u>21</u>    |   |  |
| 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. <u>at home</u>            |              |   |  |
|   | 10. Date deceased last worked at this occupation (month and year) <u>1871-1-4-32</u>                         |              | 11. Total time (years) spent in this occupation <u>36</u> |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>                   |  |              |   |  |
| FATHER  | 13. NAME <u>John Briggs</u>  |              |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>  |              |   |  |
| MOTHER  | 15. MAIDEN NAME <u>unknown</u>   |              |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do</u>   |              |   |  |
| 17. INFORMANT (ADDRESS) <u>John Briggs, 77 Wauson St, Madison</u>               |  |              |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bell Cem</u> DATE <u>5/25/32</u>     |  |              |   |  |
| 19. UNDERTAKER (ADDRESS) <u>Hawson James, Jeff City, Mo</u>                     |  |              |   |  |
| 20. FILED <u>June 10, 1932</u> <u>Wad Rush</u> Registrar.                       |  |              |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to May 24, 1932  
I last saw h. er alive on May 14, 1932 Death is said to have occurred on the date stated above, at 39 m.  
The principal cause of death and related causes of importance were as follows:  
Mitral Stenosis  
Date of onset 1931

Other contributory causes of importance: 92 W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Aut Was there an autopsy? Yes

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) Wad Rush, M. D.  
(Address) Wauson St, Madison

WRITE PLAINLY WITH 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.

JUN 21 1932

