

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

Do not use this space.

27152

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington, Mo. (No., St. Ward)

File No.
 Registered No. 95

2. FULL NAME William Briggs
 (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS 71	MONTHS ?	DAYS ?
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	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) <u>Shannon County</u> (STATE OR COUNTRY) <u>Missouri</u> /		
FATHER	13. NAME <u>William Briggs</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Alabama</u> / (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Dula</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Alabama</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Hospital Records</u> (ADDRESS) <u>Farmington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hosp # 4 Cemetery</u> DATE <u>8-25</u> 19 <u>32</u>		
19. UNDERTAKER <u>Hosp # 4</u> (ADDRESS) <u>Farmington Mo.</u>		
20. FILED <u>Aug 25</u> 19 <u>32</u> <u>W J Robinson</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1927, to 8-23, 1932.
 I last saw him alive on 8-23, 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108
91 / 108
162
 Date of onset 8 days

Other contributory causes of importance:
Simple Pyelitis with marked general Arteriosclerosis

Name of operation (D) Date of

What test confirmed diagnosis? Chemical 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?.....
 If so, specify PT Fall M. D.
 (Signed) PT Fall
 (Address) Hosp. #4 Farmington Mo.

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.

SEP 26 1932

THIS IS A PERMANENT RECORD

