

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

Do not use this space.

13985

1. PLACE OF DEATH

69 County Monroe
Township Monroe
City (No. _____)

Registration District No. 581
Primary Registration District No. 5778

File No. _____
Registered No. 12, 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. 9 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lingy Briscoe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28-1877
7. AGE YEARS 55 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Meigs Co. Ohio

13. NAME Nail Castor

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

15. MAIDEN NAME Lucretia Davis

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

17. INFORMANT Lingy Briscoe
(ADDRESS) Monroe City Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutville Mo DATE April-13-1933

19. UNDERTAKER Nelson & Son
(ADDRESS) Monroe City Mo.

20. FILED 14-12 1933 O.W. Wilson
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____. I last saw h. X alive on _____, 19____. 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:

Suicide by shooting self in head with a 32 Cal pistol.

Other contributory causes of importance: 167

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide 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? X
If so, specify _____

(Signed) W.E. Johnson
(Address) 9 Madison Missouri

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.

MAY 22 1933

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