

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.

## 1. PLACE OF DEATH

County Boone County  
 Township Smith  
 City Lockwood (No. \_\_\_\_\_)

Registration District No. 237  
 Primary Registration District No. 5330

File No. 16121  
 Registered No. 34  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Henry P Briel

(a) Residence, No. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

## 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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
68 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 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) Boone County Mo13. NAME Henry Briel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Lucy Shoate16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Mo17. INFORMANT (ADDRESS) Alta Wolfe Lockwood Mo18. BURIAL, CREMATION, OR REMOVAL PLACE King's Project DATE May 17 193319. UNDERTAKER (ADDRESS) R. B. Harnsfield Lockwood Mo20. FILED 7-13-33 J. E. Ball Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 1933, to May 20 1933  
 I last saw him alive on May 20 1933 Death is said to have occurred on the date stated above, at 3:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart  
 Chronic Myocarditis  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

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) John McDermott M. D.  
 (Address) Lockwood Mo

