

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

Do not use this space.

29729

PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Ambassador Hotel)

File No. 365A
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Lou L. Briggs

(a) Residence, No. Ambassador Hotel St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3, 1861</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>8</u>	DAYS <u>12</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>At Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME James S. Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

15. MAIDEN NAME Maria Smith

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

17. INFORMANT Mrs. R. C. Pearson
(ADDRESS) Ambassador Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 9/15/33

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Missouri

20. FILED 9-15 1933 Wm. C. Rowe
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 - 33, 19 to Sept 14 - 33, 19
I last saw him alive on 8:30 PM / Sept 14 33 Death is said to have occurred on the date stated above, at 7:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic hyperadentia + Calcification aorta
936
1071
937
Other contributory causes of importance:
bronchial pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? no

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? Yes
If so, specify _____

(Signed) Vincent Williams, M. D.
(Address) 736 Angell Bldg, Kansas City, 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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

Oct 20 1933

Dr. J. J. [unclear] or

Dr. Vincent [unclear]
7th Floor [unclear] Bldg.

3 to 5 or

12 15 & 30