

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

Do not use this space.

35931

**1. PLACE OF DEATH**

County Jasper Registration District No. 417  
 Township \_\_\_\_\_ Primary Registration District No. 3021  
 City Webb City Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 314 S. Jefferson 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Briscoe  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1892  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner  
 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) Carterville Missouri

13. NAME William Briscoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England

15. MAIDEN NAME Cora May Farlow

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

17. INFORMANT Cora May Higgins  
 (ADDRESS) Los Aninos, Colo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Galena Kan. DATE Nov. 7, 1933

19. UNDERTAKER Steele Undertaking Co.  
 (ADDRESS) Webb City Mo.

20. FILED 11-7, 1933 J. L. Craig  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933 to Nov. 4, 1933  
 I last saw him alive on Nov. 7, 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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

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 \_\_\_\_\_  
 (Signed) W. D. [Signature] M. D.  
 (Address) Webb City Mo.

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.

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