

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

Do not use this space.

42257

1. PLACE OF DEATH

County Schuyler
Township Lancaster Mo
City Lancaster Mo (No. 4484)

Registration District No. 803
Primary Registration District No. 4484

File No. 21
Registered No.
St. Ward

2. FULL NAME

(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie E Briggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 10 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
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) Scotland Co. Mo

13. NAME Thomas H Briggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Martha Downing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Sallie E. Briggs
Lancaster Mo

18. BURIAL, CREMATION, OR REMOVAL 100R
PLACE Lancaster DATE Dec 30, 1933

19. UNDERTAKER (ADDRESS) Lloyd Moore
Downing

20. FILED Dec 30, 1933 Byrd H. Dwyer
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Dec 28, 1933.
I last saw him alive on Dec 28, 1933. Death is said to have occurred on the date stated above, at 8:40 a. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) Date of onset unknown

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? none 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? no
If so, specify
(Signed) A. P. Drake M. D.
(Address) Lancaster 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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

