

MAR 24 1934

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

Do not use this space.

4147

File No. _____
Registered No. 34
St. _____ Ward _____

1. PLACE OF DEATH
County Calloway Registration District No. 104
Township Walter Primary Registration District No. 3008
City Union (No. State Street 201A)

2. FULL NAME Adolph Briere
(a) Residence, No. _____ St. _____ Ward. Clintonville 2120
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 14 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 Sandra Briere
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Clinton Mo.

FATHER
13. NAME Ad Briere

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME unknown

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

17. INFORMANT Joseph Briere
(ADDRESS) Clintonville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Westman Cem. March 4 1934

19. UNDERTAKER (ADDRESS) Bedemann Bros. 2120 Clintonville Mo.

20. FILED Feb. 28 1934 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934, to Feb 28, 1934
I last saw him alive on Feb 27, 1934 Death is said to have occurred on the date stated above, at 3:27 p.m.

The principal cause of death and related causes of importance were as follows:
Squamous Cell Carcinoma of the nose.
5-8 P.
Other contributory causes of importance:
metastases to regional lymph glands and other organs
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) T. J. Laff, M. D.
(Address) Clintonville, 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.

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