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

Do not use this space.

16323

File No.
Registered No. 51

1. PLACE OF DEATH
County Franklin
Township Washington
City Washington (No. , St. Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME James Samuel Briggs Jr

(a) Residence, No. 414 East 2nd Street St., 1st Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 21 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2nd 1933

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant
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): 414 East 2nd Str Washington, Missouri

FATHER
13. NAME: James Samuel Briggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dundee Franklin Co Missouri

MOTHER
15. MAIDEN NAME: Dorothea Bates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Franklin Co Mo

17. INFORMANT (ADDRESS): Dorothea Bates 414 East 2nd Street Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: June 1st 34

19. UNDERTAKER (ADDRESS): Otto & Co Washington Mo

20. FILED: May 31 1934 [illegible] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934, to May 31, 1934
I last saw him alive on May 21, 1934. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	
?	
79A	

Other contributory causes of importance:
Pneumonia

Name of operation: none Date of:
What test confirmed diagnosis? X 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) O. L. Minnich, M. D.
(Address) Washington Mo

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Franklin Registration District No. 297 File No.
Township Primary Registration District No. 3016 Registered No. 51
City Washington No. St. Ward)

2. FULL NAME James Samuel Briggs Jr

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
1	4	29	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 31 1934 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934

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

Whooping Cough

Other contributory causes of importance: Meningitis (non Epidemic)

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) ......, M. D.
(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
... DEATH in plain terms, so that ... properly classified. Exact statement of OCCUPATION is very important.

S-16323.