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

Do not use this space.

16698

1. PLACE OF DEATH
County JACKSON
Township KAW
City KANSAS CITY (No. 409- GARFIELD St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2063

2. FULL NAME MRS. CAROLINE O BRIGGS
(a) Residence, No. 409- GARFIELD 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 FEMALE
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 PAUL R. BRIGGS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-11-1858
7. AGE YEARS 75 MONTHS 8 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) BRUNSWICK (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME RUEBEN C. GREGORY
14. BIRTHPLACE (CITY OR TOWN) PITTSFIELD (STATE OR COUNTRY) MASSACHUSETTS

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

17. INFORMANT MR. PAUL R. BRIGGS (ADDRESS) 409- GARFIELD AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE BRUNSWICK, MO. DATE MAY-10 1934
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY MISSOURI
20. FILED 5-9 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY- 8 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1934, to May 8, 1934
I last saw her alive on May 7, 1934 Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrial Hemorrhage	4-15-34
82A	
82D	
Other contributory causes of importance:	
Hemiplegia (Right side)	4-15-34

Name of operation none Date of —
What test confirmed diagnosis? Clinical only Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury no, 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. H. Lane, M. D.
(Address) 824 Rialto Bldg K-C-Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

10-12; 2-4