

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.

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

Do not use this space.

OCT 8 1934

30059

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal No. 1069 N. Third

File No. 245
Registered No. 2 St. 2 Ward

2. FULL NAME

(a) Residence, No. fairview St. 4 Ward

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. (If nonresident, give city or town and State)

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 Estella Briggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 11 10

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. Retired

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) New York

13. NAME E. C. Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Immediate E. Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Estella Briggs
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery DATE 2-16-1934

19. UNDERTAKER (ADDRESS) James Donnell
Hannibal Mo

20. FILED Aug 13, 1934 R. H. Scholtz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis and heat prostration Date of onset 9-25-33

Other contributory causes of importance: 191

Name of operation none 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? no Date of injury... 19...
Where did injury occur? Hannibal Marion Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury falling at table and fell over
Nature of injury heart

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Carl E. Schuyler M.D.
(Address) Hannibal, Mo.
Coroner, Marion Co. Mo.

