

1 OCT 3 1934

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

Do not use this space.

1. PLACE OF DEATH

County Beaumont Registration District No. 103
Township St Joseph Primary Registration District No. 103
City St Joseph (No. 200 West 1st St) St. 103 Ward 103

File No. 31979
Registered No. 1023

2. FULL NAME

Mrs Dorothy Briggs
(a) Residence, No. 701, Kansas St. 103 Ward. 103
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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 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 Gyle Briggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 1 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Housewife)

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) Mound city mo

13. NAME Mrs Dorothy J Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound city mo

15. MAIDEN NAME Mrs Dorthea Hultslander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound city mo

17. INFORMANT (ADDRESS) E C Hultslander

18. BURIAL, CREMATION, OR REMOVAL PLACE Fanning Cemetery DATE Jan 9-6-34 19

19. UNDERTAKER (ADDRESS) J Fred Terhune

20. FILED John R. Bunker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2-34

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1934, to Sept 4 1934

I last saw her alive on Sept 2 1934. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute endocarditis
"Rheumatic heart"
Disease Date of onset Aug 15

Other contributory causes of importance:
Cause not determined

Name of operation 9542 Date of 1934
What the confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (accident, fall, etc.), fill in also the following:
Accident, suicide, or homicidal Date of injury, 1934

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) H. S. Conrad M. D.
(Address) St Joseph 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.

WHITE PLAINLY, WITH ONE COPY

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH *Buchanan*
 County *Buchanan* Registration District No. *85*
 Township *Buchanan* Primary Registration District No. *1001*
 City *St. Joseph* (No. *Mo. Methodist Hospital*) St. _____ Ward) _____

2. FULL NAME *Mrs. Dorothy J. Briggs*
 (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.

File No. _____
 Registered No. *1023*
 St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-23-1909*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) *mound city mo* (STATE OR COUNTRY)

FATHER 13. NAME *E. C. Holtlander*
 14. BIRTHPLACE (CITY OR TOWN) *Central mo* (STATE OR COUNTRY) *Kansas*

MOTHER 15. MAIDEN NAME *Grace Hilley*
 16. BIRTHPLACE (CITY OR TOWN) *Sandwich mo* (STATE OR COUNTRY) *Kansas*

17. INFORMANT *E. C. Holtlander* (ADDRESS) *Savannah mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fanning Cemetery Kansas* DATE *Sept-5-1924*

19. UNDERTAKER *Fred Terhune* (ADDRESS) *Savannah mo*

20. FILED *10-12-24 John R. Bender* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-9-1924*

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 _____ m.

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

Other contributory causes of importance:

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) _____

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Leechman

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 1023

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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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
<u>25</u>	<u>1</u>	<u>10</u>	<u>10</u>hrs. ormin.

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)

13. NAME

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

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 19... John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 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:

acute myocardial infarction
Rheumatic heart disease
not a pulmonary case
Other contributory causes of importance
cause not determined

Date of onset

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) W. J. Grand M. D.

(Address) St. Joseph mo

SUPPLEMENTARY

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WRITE PLAINLY IN INK