

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

Do not use this space.

1935 FEB 20

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St Joseph (No. 508 Na 5) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 99 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eugene Briggs  
(a) Residence, No. 508 No 5th St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 Unknown  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dixon Hotel  
10. Date deceased last worked at this occupation (month and year) 1934  
11. Total time (years) spent in this occupation 25  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown  
17. INFORMANT S.W. Briggs  
(ADDRESS) St. Joseph Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE MARYVILLE MO DATE 1-24-35  
19. UNDERTAKER Fleeman Mortuary Co  
(ADDRESS) St. Joseph, Mo  
20. FILED 1-24-35 John R. Bender  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 21 1935  
22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1934, to 1-19, 1935  
I last saw him alive on 1-19, 1935. Death is said to have occurred on the date stated above, at 9:50 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Oesophagus  
Other contributory causes of importance:  
None  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical X-ray 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) C. P. Dawson, M. D.  
(Address) 677 Francis St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Vanson

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.

