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

FEB 20 1935

Do not use this space.

322

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 146

City St. Joseph (No. 1912 S. 10 St. Ward)

2. FULL NAME Miss. Florence C. Briner

(a) Residence, No. 1912 South 10th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	10	24	

OCCUPATION

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

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) Jameson Missouri

FATHER

13. NAME Wm. P. Briner

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

MOTHER

15. MAIDEN NAME Hannah Sterling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandriver, Iowa

17. INFORMANT (ADDRESS) Mrs. Pearl Westapher 3806 N. 19th. Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grandriver DATE Feb. 1st. 1935

19. UNDERTAKER (ADDRESS) Barry-Wylie-Meister 218 South 10th. Street

20. FILED FEB 1 - 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934, to Jan 30, 1935

I last saw her alive on Jan 26, 1935 Death is said to have occurred on the date stated above, at 11 40 m.

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

Pulmonary edema acute bronchitis. Date of onset Jan 25

Other contributory causes of importance: Paralysis since childhood, probably (Infantile)

Name of operation 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? 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) H. S. Conrad, M. D.

(Address) St Joseph Mo