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.

JUL 24 1935

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

Do not use this space.

20273

1. PLACE OF DEATH

57 County Lincoln — Registration District No. 486 — File No.

Township Hurricane — Primary Registration District No. 5649 — Registered No. 18

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Margaret Caroline Briscoe

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1867

7. AGE: YEARS 68 — MONTHS 3 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Chesley Calloway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Caroline —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

17. INFORMANT (ADDRESS): Omer Briscoe, Elsberry, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Briscoe Cemetery DATE: June 7, 1935

19. UNDERTAKER (ADDRESS): David L. Fabrick, Winfield, Missouri

20. FILED July 10, 1935 — C. E. Powell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3d, 1935, to June 3d, 1935

I last saw her alive on June 3d, 1935. Death is said to have occurred on the date stated above, at 7 a. m.

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

	Date of onset
Cerebral hemorrhage	6/3

Other contributory causes of importance:

Arteriosclerosis	1927

Name of operation: none — 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) C. E. Powell, M. D.

(Address) Elsberry, Mo.

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