

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.

AUG 12 1935

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

Do not use this space.

22023

1. PLACE OF DEATH

County Andrew Registration District No. 13
Township Savannah Primary Registration District No. 4010
City Savannah (No. Dr. Nicholas Karastasin) St. St. Sterling Ward St. Sterling

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerusha E. Briggs</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 4 - 1851</u>			
7. AGE	YEARS <u>83</u>	MONTHS <u>8</u>	DAYS <u>25</u>
			IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ins. Agent</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fire</u>		
	10. Date deceased last worked at this occupation (month and year) <u>July 9, 35</u>		
			11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buckhorn Ill.</u>			
FATHER	13. NAME <u>John Briggs</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buckhorn Ill.</u>		
MOTHER	15. MAIDEN NAME <u>Don't know</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Bernard Briggs 2912 Francis Ave. St. Louis Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Sterling, Ill.</u> DATE <u>July 31 1935</u>			
19. UNDERTAKER (ADDRESS) <u>Frank A. Bauman Savannah, Mo</u>			
20. FILED <u>7-29 1935</u> <u>Wm A R King</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1935 to 7-29-1935.
I last saw him alive on 7-29-1935. Death is said to have occurred on the date stated above, at 11:50 AM.
The principal cause of death and related causes of importance were as follows:
Acute Broncho-Pneumonia
Carcinoma both left hand 192.

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis Physic 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) Willard C. Stearns, M. D.
(Address) Savannah Mo

