

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

Do not use this space.

26421-1

OCT 21 1936

1. PLACE OF DEATH
 County Honkiah Registration District No. 1110
 Township Shoam Springs Primary Registration District No. 5241
 City West Plains, Mo. St. _____ Ward _____

2. FULL NAME Barney Briley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 58 yrs. mos. 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 <u>M</u>	4. COLOR OR RACE <u>Wht.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorcy Briley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR-16-1878</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>4</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>		
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) <u>Honkiah Co., Missouri</u>		
13. NAME <u>Sam Briley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster Co., Mo.</u>		
15. MAIDEN NAME <u>Dorcy Featherston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>		
17. INFORMANT <u>Mrs. B. Briley - West Plains, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Col. Hill</u> DATE <u>7-21-36</u>		
19. UNDERTAKER (ADDRESS) <u>Robert Mason, West Plains, Mo.</u>		
20. FILED <u>Oct 14 1936</u> <u>Council Bluffs</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1933, to Dec. 22, 1933.
 I last saw him alive on Dec. 22, 1933. Death is said to have occurred on the date stated above, at 3:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Central Hemorrhage
 Date of onset _____

Other contributory causes of importance:
Also seemed to have had no blood after Dec 22 1933.

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms 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) P. Sparks M. D.
 (Address) West Plains, Mo.

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.

