

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

Do not use this space.

**APR 22 1937**

**1. PLACE OF DEATH**

County Mason  
Township Mason  
City Hamball

Registration District No. 547  
Primary Registration District No. 3039  
(No. Lumber Hospital)

File No. 12596  
Registered No. 92  
St. 6th Ward

**2. FULL NAME**

Benjamin Franklin Briggs  
(a) Residence, No. 408 N. 4th St. 1st Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 12, 1937  
I last saw h. alive on March 12, 1937 Death is said to have occurred on the date stated above, at 4:00 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 5 27

Liss, Pneumonia Date of onset 3-5-37

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Concrete Contractor  
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

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co., Ill.

MOTHER FATHER 13. NAME Franklin Briggs

Name of operation No Date of       
What test confirmed diagnosis Cholera Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co., Ill.

MOTHER 15. MAIDEN NAME Mary Matilda Moore

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co., Ill.

17. INFORMANT Franklin Briggs (ADDRESS) Hamball, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hydenburg Cem DATE March 14 1937

19. UNDERTAKER W. Ray P. Schwegler (ADDRESS) Hamball, Mo.

20. FILED March 17 1937 St. C. Trasher Registrar.

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify       
(Signed) W. Ray P. Schwegler M. D.  
(Address) Hamball, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

