

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis

(No.....)

City Hospital No. 1

File No.....

Registered No.....

St. 4142 Ward)

2. FULL NAME

Mattie Briscoe

(a) Residence, No. 2042a Victor St., 23 Ward. § (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) married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Briscoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
57		7	16	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	hwk
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	at home
	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) Campbell, Missouri

13. NAME Fred Everhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William Briscoe (ADDRESS) 2042a Victor

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo. DATE 4-22-37

19. UNDERTAKER Albert Hoppe (ADDRESS) 4429 Parkview

20. FILE APR 20 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from 4/17/37 to 4/20/37, 19

I last saw her alive on 4/20/37, 19

Death is said to have occurred on the date stated above, at 9:24 a.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance: Atherosclerosis, Gen'l

Name of operation..... 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) Ray Greenbaum, M.D.

(Address) City Hospital No. 1

791

1003

14651

C806

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.

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