

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 2019City Independence(Not Indep. Sanitarium)File No. 16554Registered No. 125

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 304 East Elm

(Usual place of abode)

St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhitemarried

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

Frank Briley

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

Mar 29 1879

7. AGE

YEARS 58MONTHS 0DAYS 4

If LESS than 1 day,hra. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

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)

Cass County Missouri

13. NAME

Robert V. Fann

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

Unknown

15. MAIDEN NAME

Mary E. Yeary

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

Unknown

17. INFORMANT (ADDRESS)

Frank Briley Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn DATE April 6 1937

19. UNDERTAKER (ADDRESS)

Burgess & Co. Independence, Mo.

20. FILED

4-13-37J. R. Cooke Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 1 1937, to April 3 1937I last saw him alive on April 3 1927. Death is saidto have occurred on the date stated above, at 10:30 p.m.

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

Peri tonal abscess of side & extending to mediastinumOther contributory causes of importance: HeartName of operation Dorsal Date of April 3 1937What test confirmed diagnosis? Clinical 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? _____

If so, specify _____

(Signed) Stanley J. Green, M. D.(Address) First St. Bank, Independence, Mo.

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

