

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

Do not use this space.

**JUN 17 1937**

19649

23

**1. PLACE OF DEATH**

County Camden  
Township Osage  
City Camdenton

Registration District No. 117  
Primary Registration District No. 2767

File No. 23  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. \_\_\_\_\_ 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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>don't know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>unknown</u>	YEARS <u>5</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>P</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>P</u>
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)	13. NAME <u>E A Briggs</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	15. MAIDEN NAME <u>E</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	17. INFORMANT (ADDRESS) <u>E C Lenz</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pomeroy Iowa May 11 1937</u>	19. UNDERTAKER (ADDRESS) <u>Bankers Woolery</u>
20. FILED <u>May 10 1937</u> <u>Lizzie Miller</u> Registrar	

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 and died May 10, 1937 at 10:30 AM Death is said to have occurred on the date stated above, at 2 1/2 PM

The principal cause of death and related causes of importance were as follows:  
accidental suffocation  
by smoke in closed room  
Camden Co Jail

Other contributory causes of importance:  
alcoholism - burns  
coroner jury verdict

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? Camdenton, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
County Jail

Manner of injury Burns  
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) E E Woolery, Coroner, M. D.  
(Address) Camdenton, Mo

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



MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Camden  
Township Osage  
City                      (No.                      St.                      Ward                     )

Registration District No. 117  
Primary Registration District No. 5167

File No. 19649  
Registered No.                     

2. FULL NAME Grover Briggs

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 10

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

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

7. AGE YEARS 45 MONTHS                      DAYS                      If LESS than 1 day,                      hrs. or                      min.

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

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)                     

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL                     

PLACE                      DATE                      19                    

19. UNDERTAKER (ADDRESS)                     

20. FILED June 10, 1937 Lizzie Heller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from                     , to                     , 19                    

I last saw him                      alive on                     , 19                    . Death is said

to have occurred on the date stated above, at                      m.

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

Date of onset                     

Other contributory causes of importance:                     

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) B E Wooley car  
(Address) Camden, Mo.

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