

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH
 County Dent Registration District No. 1035 File No. 19015
 Township Texas Primary Registration District No. 9372 Registered No. 5
 City (No. _____) St. _____ Ward _____

2. FULL NAME E. F. Brigman

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR widowed (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		Elizabeth Hodges		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1852				
7. AGE	YEARS 84	MONTHS 7	DAYS 1	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer			
	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) Dent Co. Mo				
FATHER	13. NAME Edward H Brigman			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama			
MOTHER	15. MAIDEN NAME Nancy McNeill			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina			
17. INFORMANT George H. Brigman (ADDRESS) _____				
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6/4/37				
19. UNDERTAKER John J. Fincher (ADDRESS) _____				
20. FILED 9/4 1937 J. H. Smith				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to June 3, 1937.
 I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Chronic
atherosclerosis

Other contributory causes of importance:
None

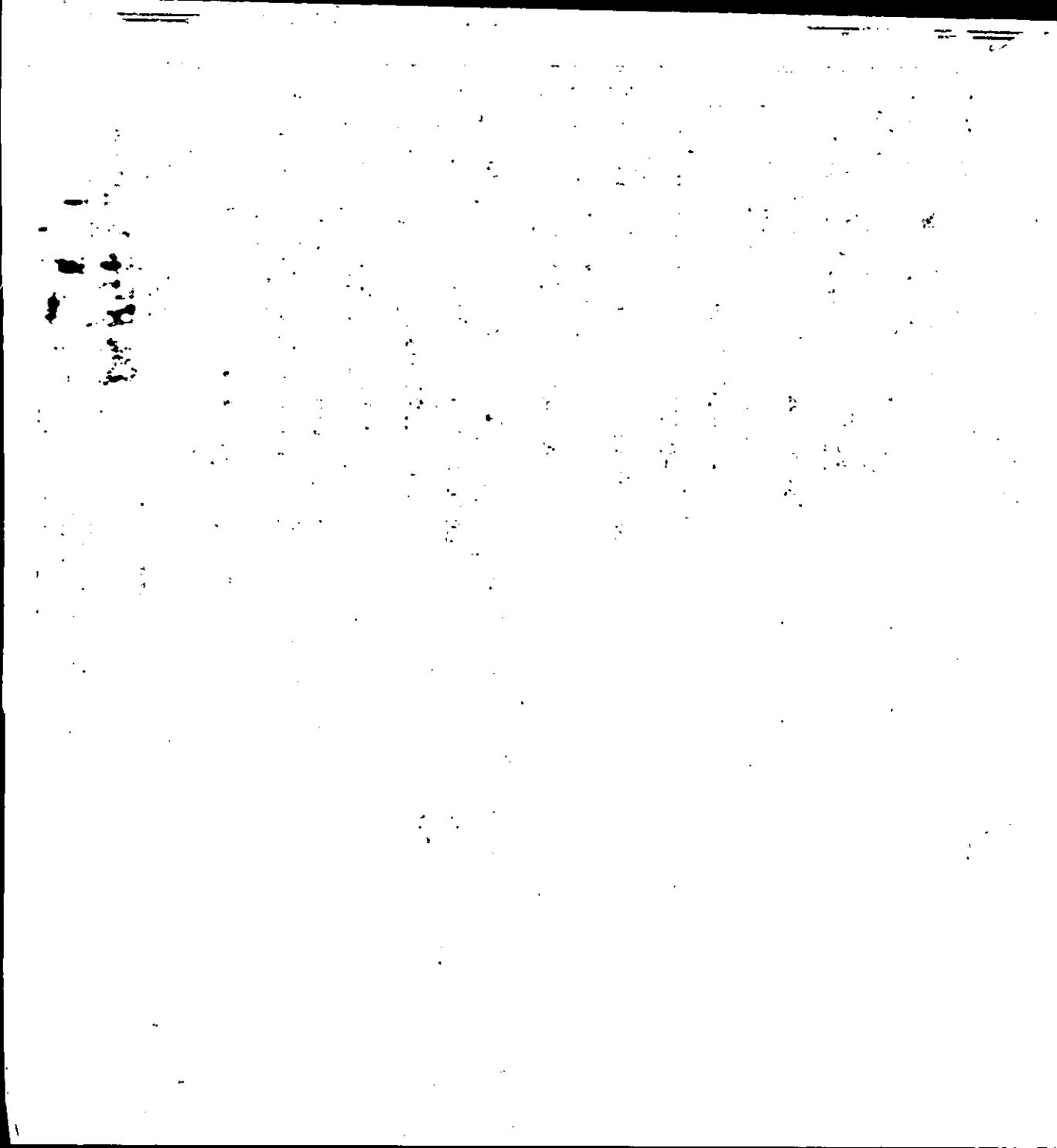
Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) E. F. Griffith, M. D.
 (Address) Salem, Mo.

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



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dent
Township Texas
City (No. _____) _____

Registration District No. 1038
Primary Registration District No. 5372

File No. 19918
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Gwing T. Brigman Brigman

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>7</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as splanner, 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 6/4 1937 A. T. Hosock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937

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

I last saw h. _____ 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) A. E. Joseph, M. D.

(Address) Salem, Mo

SUPPLEMENTARY

51961-5