

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

Do not use this space.

1. PLACE OF DEATH JUN 21 1937
 County Henry Registration District No. 351
 Township Farrar Primary Registration District No. 5492
 City Proctor (No. _____) St. _____ Ward _____
2. FULL NAME William Henry Brigg
 (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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

20174

File No. _____
 Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Brigg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1892
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 3
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) Dec 1935
11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Mo.
13. NAME Samuel Hunt Brigg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Sally Ann Wray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
17. INFORMANT (ADDRESS) Mr Eugene Newbark
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Seay Chapel DATE Mar 30 1937
19. UNDERTAKER (ADDRESS) Frank Lemartz
20. FILED 3-31-37 J. J. Russell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1937 to Mar 29 1937
 I last saw him alive on Mar 28 1937. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion (thrombosis) Date of onset Mar 27/37
 Other contributory causes of importance:
Chronic nephritis 1932
 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? _____ 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 None
 Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. B. Hughes, M. D.
 (Address) Clinton Mo.

