

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.

1139

JUN 29 1937

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

Do not use this space.

21404

1. PLACE OF DEATH

County St. Louis County
Township
City Union City (No. 1)

Registration District No. 1160
Primary Registration District No. 4470

File No. 21404
Registered No. 57
St. 1 Ward

2. FULL NAME

Mary S. Briggs
(a) Residence, No. 6600 Washington St., 1 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 Female 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) October 27, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 7 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) July 13, 1934 11. Total time (years) spent in this occupation

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osterville, Ill.

13. NAME William Bell

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

15. MAIDEN NAME Martha Angel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown (Chattanooga, Ill?)

17. INFORMANT (ADDRESS) Mrs. J. M. Shaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Traverse City DATE May 30 1937

19. UNDERTAKER (ADDRESS) J. E. Mercer

20. FILED June 1 1937 Leadmiller (D) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1937

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

I last saw him alive on May 30 1937. 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:

Hypertensive Pneumonia Date of onset Aug 25

Other contributory causes of importance:

Scrub typhus
Fractured hip Jan. 27

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 Jan 1937

Where did injury occur? Universal City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury Fell while walking in park

Nature of injury Fracture of hip. Death of brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) M. Meyer M. D.

(Address) 607 W. Grand St.

