

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

Do not use this space.

1. PLACE OF DEATH

101 County Shannon
Township Jackson
City Pector

Registration District No. 637
Primary Registration District No. 6084
(No. 3)

File No. 4305
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nancy Briggs 620
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Briggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-12-1860</u>		
7. AGE <u>77</u>	YEARS <u>4</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 - 1938, to Jan - 8 - 1938
last saw him alive on Jan. 8 - 1937 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____

Other contributory causes of importance:

Name of operation none 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) J. C. Ficke M. D.

(Address) Saline, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pector, Mo.</u>	FATHER	13. NAME <u>John Sumner</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pector, Mo.</u>		15. MAIDEN NAME <u>Nancy Springer</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pector, Mo.</u>	MOTHER	17. INFORMANT (ADDRESS) <u>Mary Corbett</u> <u>Pector, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pector, Mo.</u> DATE <u>Jan. 14 - 1938</u>		19. UNDERTAKER (ADDRESS) <u>Minnie A. Nord</u>
20. FILED <u>Jan. 14 - 1938</u> <u>Saline, Mo.</u>		

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

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH