

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D MAR 20 1938

1. PLACE OF DEATH

County Lewis
Township Salem
City..... (No..... St..... Ward.....)

Registration District No. 456
Primary Registration District No. 5048

File No. 7272

Registered No.....

2. FULL NAME

Merritt Edward Briscoe

(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 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 Belle Briscoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1862

7. AGE YEARS 75- MONTHS 5- DAYS 8 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..... Farmer

10. Date deceased last worked at this occupation (month & year) 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

13. NAME Merritt Briscoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

15. MAIDEN NAME Mary Jane Fletcher

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

17. INFORMANT (ADDRESS) Mrs. Belle Briscoe Ewing, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Mar. 3 1938

19. UNDERTAKER (ADDRESS) Thos. Ball Ewing, Mo.

20. FILED Mar 10 1938 Oliver T. Neal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 7 o'clock 5, 1938, to March 2, 1938. I last saw him alive on March 1, 1938. Death is said to have occurred on the date stated above, at 10 m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

hypertension
arteriosclerosis
cardiac failure

Name of operation..... 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Dr. E. C. Sloan, M. D.

(Address) 20 Garage, Mo.

