

REC'D APR 4 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Franklin. Registration District No. 297  
Township \_\_\_\_\_ Primary Registration District No. 3016  
City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James P. McBriarty. 216  
(a) Residence, No. 703 W. Fifth, Washington, Mo. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State) ✓  
Length of residence in city or town where death occurred 3 yrs. 9 mos. X 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Agnes McBriarty  
~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18th, 1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Department.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Treas. Department.

10. Date deceased last worked at this occupation (month and year) 1934. 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) Cattawissa,  
(STATE OR COUNTRY) Missouri.

13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY) Unknown.

15. MAIDEN NAME Unknown.

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

17. INFORMANT Mrs. Agnes McBriarty.  
(ADDRESS) Washington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Louis, Mo. DATE Mar. 20th, 1938

19. UNDERTAKER Nieburg & Vitt, Inc.  
(ADDRESS) Washington, Missouri.

20. FILED Mar. 18 - 1938 17th May  
Registry 270

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to March 17, 1938

I last saw him alive on March 17, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Fatty Degeneration of the Liver Date of onset June 1-1935

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? no 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) J. D. Marpin, M. D.

(Address) Washington, Mo

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.

OFFICE OF THE  
ATTORNEY GENERAL

STATE OF TEXAS

IN SENATE

COMMITTEE ON

EDUCATION

REPORT

ON THE

PROGRESS

OF THE

STATE

IN

1900

AND

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BY

JOHN W. ...

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