

REGD JUN 8 1938
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19679

1. PLACE OF DEATH

County Seath
Township Richland
City Sikeston (No. _____)

Registration District No. 821
Primary Registration District No. 6070

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

2. FULL NAME Emmie Briggs

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Briggs

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-38 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-21-38 to 5-3, 1938
I last saw her alive on 5-3, 1938. Death is said to have occurred on the date stated above, at 9:25 am.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1869
7. AGE YEARS 78 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

Debility 1938
Date of onset _____

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. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance
Fracture of Surgical Neck of left femur 4-21-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? X-Ray. Was there an autopsy? No

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. J. Briggs (ADDRESS) Sikeston Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accidental Date of injury 4-21, 1938
Where did injury occur? Her Room, Sikeston Mo.
Specify whether injury occurred in industry, in home, or in public place. _____
Her Room - Sikeston Mo.
Manner of injury Fell in floor
Nature of injury Fracture of femur

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston DATE 5-5-38 1938

19. UNDERTAKER John Albrecht (ADDRESS) Sikeston Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Shaw C. McClure, M. D.
539 (Address) Sikeston Mo.

20. FILED 6-7 1938 Bl. H. B. B. Registrar.

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

