

035D MAY 10 1939

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

13724
Do not use this space.

1478

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Free Primary Registration District No. 1002
 (c) City Jackson City (d) Street No. 7301 Lydia St.
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Mrs. Rose Fisher Briggs
 (a) Residence, No. 7301 Lydia St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry S. Briggs
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1866
 7. AGE YEARS 73 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridge Farm, Ill.
 FATHER 13. NAME Seth M. Fisher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Mary Cannady
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Henry S. Briggs
7301 Lydia
 18. BURIAL, CREMATION, OR REMOVAL PLACE Parsons, Tenn. DATE April 8, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomb
Brushcreek + Paes
 20. FILED 4-7, 1939 M. M. Crowe Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1939, to Apr 7, 1939
 I last saw her alive on Apr. 6, 1939. Death is said to have occurred on the date stated above, at 5:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis, Hypertension, Chronic suppurative tachycardia, embolism
 Date of onset 121
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify Cardiomyo.
 (Signed) D. W. Newcomb, M. D.
 (Address) 80 N. Paes

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.

801 - Passer
2-5
Apr 1879

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *H. H. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.