

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

21984
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
(b) Township Benton Primary Registration District No. 58795 Registered No. 18
(c) City Ava, Missouri (d) Street No. 2165 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Oliver Briggs

(a) Residence, No. Ava, Missouri 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Briggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1862

7. AGE YEARS 76 MONTHS 7 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Ind.

FATHER 13. NAME James Briggs

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frankie Briggs
Ava, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava DATE 6-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clunkinghead's
28 Ava Mo

20. FILED 7-1 19 39 Henry Burk 245 (Address) Ava Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to June 11, 1939

I last saw him alive on June 11, 1939. Death is said to have occurred on the date stated above, at 8:15 P.M.

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

myocarditis chronic

Date of onset Post 1900

Other contributory causes of importance:

bronchial asthma

Post 1900

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? NO

If so, specify

(Signed) R. M. Norman, M. D.

245 (Address) Ava Mo

RECEIVED

District Health Officer No. 6,

District No. 739-1351

Date Filed JUL 5 1939

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.....

Licensed Embalmer No.....

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.