

AUG 18 1939

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

26970

Do not use this space.

1. PLACE OF DEATH

(a) County Scotland ² Registration District No. 810
(b) Township Jefferson ¹ Primary Registration District No. 4488 Registered No. 34
(c) City Memphis (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

620 William Porter Briggs
(a) Residence, No. _____ 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie S. Briggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. merchant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME James Briggs
14. BIRTHPLACE (CITY OR TOWN) Plymouth Co. Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ann Gardner
16. BIRTHPLACE (CITY OR TOWN) Monroe Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Mollie Briggs
Memphis, Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Memphis DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) A. W. Taylor & Sons
(ADDRESS) Memphis, Mo.

20. FILED Aug 10, 1939 E. E. Parrish
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1939

22. I HEREBY CERTIFY That I attended deceased from May 19, 1939 to July 3, 1939
I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
(Signed) A. W. Taylor M. D.
Memphis, Mo. (Address) 725

RECEIVED

District Health Officer No. 10

Number 839-1489
AUG 14 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,

Neal Payne, or by

Registered Apprentice No., working under my personal supervision.

Signed *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis, Tenn.*

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.