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.

SEP 6 1939

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

29220
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 328
(b) Township Lincoln 1 Primary Registration District No. 5462 Registered No.
(c) City (d) Street No. 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 624 Marie Matilda Briegel
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18 1856
7. AGE: YEARS 82 MONTHS II DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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): Oberheim Bavaria Germany

FATHER
13. NAME: Michal Briegel 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Annie Marie Mueller 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Brosha Tharp, Trenton Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Martin Cem. DATE May 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas. E. Schooler, Spickard Mo.
20. FILED 5-29 1939 Irene D Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to May 27th, 1939. I last saw her alive on May 27th, 1939. Death is said to have occurred on the date stated above, at 10:15pm
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset ??
93 C
Other contributory causes of importance: Chronic Cystitis ??
None
Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Oliver F. Duffy, M. D.
(Address) Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 11
District File Number 939-1090
Date Filed AUG 29 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, Ross Wi

....., or by .....

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

Signed: Ross Wise

Licensed Embalmer No. 3771

P. O. Address Richland Wa

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

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