

OCT 23 1939

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

32255
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 237
(b) Township _____ Primary Registration District No. 4144
(c) City Greenfield Mo (d) Street No. _____
(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.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. Greenfield Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
Edward Lindsay Briscoe

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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) Aug. 20, 1871
7. AGE YEARS 68 MONTHS 0 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on..... about 19 m. Death is said to have occurred on the date stated above, at..... m. 8/29 39
The principal cause of death and-related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter
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 _____

Date of onset _____
Died while intoxicated from drinking some of a home brewed liquor that had been mixed by himself
Other contributory causes of importance: 175 lb

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Missouri

FATHER 13. NAME James Lindsay Briscoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Margaret Allen Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield Mo. DATE 8/30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. L. Weaver Greenfield

20. FILED 10-3- 1939 W. L. Weaver Local Registrar.

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) W. Ward Brown M.D.
(Address) Greenfield Mo

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.

RECEIVED

District Health Officer No. 6, GREENFIELD, MASS.

District File Number: 1039-2128

Date Filed OCT 20 1939



on payment

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, _____

J. L. Durrddie

or by _____

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

Signed, *J. L. Durrddie*

Licensed Embalmer No. 37-8-6

P. O. Address Greenfield, Mass.

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.