

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

February 18 1939

35427

1. PLACE OF DEATH
 County Barton Registration District No. 46
 Township Washington Primary Registration District No. 5069
 City Washington No. _____ St. _____ Ward _____

2. FULL NAME Albert Lee Briggs
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, 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) Brown Co., Ill

13. NAME Phillip Briggs

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

15. MAIDEN NAME Elizabeth Schenk

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

17. INFORMANT Mrs Ella Briggs (ADDRESS) Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 9-15th 1939

19. UNDERTAKER River View Home (ADDRESS) Lamar, Mo

20. FILED 9/14 1939 Clayton Owen Smith (Address) Lamar, Mo
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Sept 13 1939
 I last saw him alive on Sept 12 1939 Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:
Acute myocardial failure
 Other contributory causes of importance: Angina pectoris

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) J. Atkins M. D.
Lamar, Mo.

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.

