DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7385

Registration District No. 557 Primary Registration District No. 5746 Registrar's No. 6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

1. PLACE OF DEATH:

(a) County Mercer Marion Twp
(b) City or town Princeton Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 3 months at Trenton, Mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Childress
(c) City or town Childress
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? In U.S. years.

3. (a) PRINT FULL NAME Allen Poe Briggs. 620
3. (b) If veteran, name war
3. (c) Social Security No. 700-01-5325

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs AP. Briggs
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 5 (Day) 1880 (Year)

8. AGE: Years 59 Months 3 Days 24 If less than one day hr. min.

9. Birthplace New Bedford (City, town, or county) Mass (State or foreign country)
10. Usual occupation Civil Engineer
11. Industry or business Surveying crew, C.R.I.& P. Ry.

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs A. P. Briggs
(b) Address Childress, Texas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Childress, Texas
18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton, Missouri
19. (a) Feb 9. 1940 (Date received local registrar) (b) S. P. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1940 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Jan. 29, 1940 to Jan. 29th, 1940 that I last saw him alive on Jan. 29th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	20 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None made

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A.S. Bristow M.D.
Address Bristow Bldg. Princeton, Mo. Date signed 1/29

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 240-294
Date Filed MAR 8 1940

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 Robert B Davis, Registered Apprentice No. 212, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

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.