

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH36643
Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 886
 (b) Township _____ Primary Registration District No. 4537 Registered No. _____
 (c) City Osborne (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 Thomas Riley Brierley

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>07-23-38</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>1</u>
		<u>16</u>
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osborne MO</u>		
13. NAME <u>Henry Brierley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osborne MO</u>		
15. MAIDEN NAME <u>Maggie Beck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osborne MO</u>		
17. INFORMANT <u>Henry Frank Brierley</u> (ADDRESS) <u>Osborne</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calidonia</u> DATE <u>10-18</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) <u>Bert Bager</u> (ADDRESS) <u>Osborne</u>		
20. FILED <u>10-17</u> 19 <u>40</u> <u>J. P. Young</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1940 to 10-17 1940
 I last saw him alive on 10-16 1940. Death is said to have occurred on the date stated above, at 1:45 AM.
 The principal cause of death and related causes of importance were as follows:
Intestinal hemorrhage Date of onset _____

Other contributory causes of importance: 24

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. P. Young M. D.
 (Address) _____

JAN 13 1949

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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