S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12431

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 11

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town PIEDMONT
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community 50 YR.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE

(c) City or town PIEDMONT
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JOHN SYLVESTER BRIFFETH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LYDIA BRIFFETH

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN. (Month) 9 (Day) 1870 (Year)

8. AGE: Years 74 Months 1 Days 24 If less than one day ✓ hr. ✓ min.

9. Birthplace UDEN (City, town, or county) ILL (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business BLACKSMITH

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

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

16. (a) Informant O. BRIFFETH
(b) Address 1088 VICTOR ST. LOUIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation WINONA MO.

18. (a) Signature of funeral director [illegible]
(b) Address PIEDMONT, MO.

19. (a) Mar. 15, 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 3 year 1944 hour 5 minute 5 P.M.

21. I hereby certify that I attended the deceased from 4-24- 1940, to 3-3- 1944 that I last saw him alive on 2-20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. C. Giles (M.D. or other)
Address Piedmont Mo. Date signed 3-6-1944

1103

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1944

RECEIVED
District Health Officer No. 4
District File Number 444-3602
Date Filed 4-3-44

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 Norman W. Fish

Licensed Embalmer No. 3387

P. O. Address Piedmont Mo.

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, fact should be so stated above.