

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

Do not use this space.

**1. PLACE OF DEATH**

County HENRY Registration District No. 347  
 Townshp. Leasville Primary Registration District No. 55 D.A.  
 City CLINTON (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 20192  
 Registered No. 69

**2. FULL NAME** Verlena Briggs

(a) Residence, No. Clinton Mo R7A1 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel Briggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14 1873</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>slavery Mo</u>		
MOTHER FATHER	13. NAME <u>JW Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co Mo</u>	
	15. MAIDEN NAME <u>Tracy Holcomb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russell Co Mo</u>	
17. INFORMANT (ADDRESS) <u>JW Cooper Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>6-12-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Williams Clinton Mo</u>		
20. FILED <u>6-11-34</u> <u>Dr. J. R. Hampton</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1934, to 6-10, 1934. I last saw him alive on 6-9, 1934. Death is said to have occurred on the date stated above, at 5.6 m. The principal cause of death and related causes of importance were as follows:  
Heart - Entertis Date of onset 6-1-34  
1934  
 Other contributory causes of importance:  
Mo

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) H. Walker, M. D.  
 (Address) Clinton Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS 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.

JUL 20 1934

N.E.  
Ross

Cooper