

No. 1.—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.

SEP 23 1936

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

Do not use this space.

30683

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Primary Registration District No. 3018
 City Clinton (No.) St. Ward

2. FULL NAME James Francis Briggs

(a) Residence, No. Roger Ave St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Briggs</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-8-1871</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>4</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>blastier</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>Holden Mo</u>				
FATHER	13. NAME <u>Samuel Hunt Briggs</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co. Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Sallie M. Ray</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Grace Briggs</u> (ADDRESS) <u>Clinton Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trays Chapel</u> DATE <u>8-14</u> 19 <u>36</u>				
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton Mo.</u>				
20. FILED <u>8-15</u> 19 <u>36</u> <u>J. B. Hampton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936 to Aug 12 1936

I last saw him alive on Aug 11 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Basilar Meningitis Date of onset 8/13/36

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Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19.....
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) S. B. Hughes, M. D.
 (Address) Clinton, Mo.

