

REC'D MAY 19 1939

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

Do not use this space.

14969

## 1. PLACE OF DEATH

42 County Henry Registration District No. 347  
Township Peeswide Primary Registration District No. 5501A  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

620 Daniel Briggs  
(a) Residence, No. Clinton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 83 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 1 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

MOTHER FATHER 13. NAME James Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenna O

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? O

17. INFORMANT W D Helozier  
(ADDRESS) Blairtown

18. BURIAL, CREMATION, OR REMOVAL  
PLACE 260 DATE 4-17-39

19. UNDERTAKER Fred Wilkinson  
(ADDRESS) Clinton Mo

20. FILED 4-29 1939 W D Helozier Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-39

22. I HEREBY CERTIFY, That I attended deceased from 3-25 1939 to 4-13 1939

I last saw him alive on 4-12-39 Death is said to have occurred on the date stated above, at 5:05 AM

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

Chronic Hypertension ?

Other contributory causes of importance: HTN

Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) James Smith M. D.

(Address) Clinton Mo

WRITE 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-68J-

Date Filed 5-4-39