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

Do not use this space.

34225

1. PLACE OF DEATH
County: St Francois — Registration District No. 33 — File No.
Township: Randolph — Primary Registration District No. 6034B — Registered No. 28
City: Northam (No. ..... St. ..... Ward)

2. FULL NAME: Lavada Briley

(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harvey Briley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 - 1898

7. AGE: Years 35 — Months 4 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): N.T.
(STATE OR COUNTRY): St Francois Co Mo

PARENTS

10. NAME OF FATHER: Jas. Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ..... (STATE OR COUNTRY): Perry Co. Mo.
12. MAIDEN NAME OF MOTHER: Malinda Silvey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ..... (STATE OR COUNTRY): Washington Co Mo

14. INFORMANT: Jas. Harris
(Address): Northam Mo

15. FILED: 10/25 1933 — W E Aubuchon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 24 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933 to Oct 24, 1933 that I last saw her alive on Oct 23, 1933, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No — DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) W E Aubuchon M. D.
10/25 1933 (Address) Leadwood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Big River Cemetery — DATE OF BURIAL: 10/25 1933

20. UNDERTAKER: Caldwell Bros — ADDRESS: Flat River

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.

NOV 10 1933

THIS IS A PERMANENT RECORD