

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

1 PLACE OF DEATH

County Clinton
Township Lathrop
or
Village
or
City

Registration District No. 209 File No. 14456
Primary Registration District No. 5284B Registered No. 2
(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Buchanan Briant

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widower

6 DATE OF BIRTH June 14 1831
(Month) (Day) (Year)

7 AGE 89 yrs. 11 mos. 23 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Henry Co. Kentucky

10 NAME OF FATHER John Briant

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

12 MAIDEN NAME OF MOTHER Clara Buchanan

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. J. W. Burr (Address) Idamay Mo.

15 Filed June 10 1921 L. W. K. Potter Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 7 1921
(Month) (Day) (Year)

17 HEREBY CERTIFY, that I attended deceased from March 23 1921 to June 7 1921 that I last saw him alive on June 7 1921 and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows: 95B arteriosclerosis

917 Heart Know Supply (Duration) 15 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthma (Duration) 1 yrs. mos. ds.

(Signed) John K. Polard M. D. (Address) Plum Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

Where was disease contracted if not at place of death? at place of death

Former or usual residence Near Idamay Mo.

19 PLACE OF BURIAL OR REMOVAL Round Prairie Cem. DATE OF BURIAL June 9 1921

20 UNDERTAKER J. W. Polard & Cameron Mo. ADDRESS

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.

WALLS FADING WITH UNFADING INK—THIS IS A PERMANENT RECORD

