

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.

1928

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

Do not use this space.

34149

1. PLACE OF DEATH

County Mississippi
Township Springfield
City Charleston

Registration District No. 566
Primary Registration District No. 5762

File No. _____
Registered No. 105
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 6 Marshall St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 8 mos. 9 da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Bryant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 27 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 | 8 | 9

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

9. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George J. Bryant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Alice Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

14. INFORMANT X Geo. R. Bryant
(Address) Charleston

15. File No. Nov 6 1927 Registrar J. S. Vernon

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 6 1927 11:50 P.M.

17. I HEREBY CERTIFY, That I attended deceased from _____
Nov 6, 1927 to Nov 6, 1927
that I last saw him alive on Nov 6, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer stomach
and liver

H.B.
H.F. (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) 44 (duration) _____ yrs. _____ mos. _____ da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. Marshall, M. D.
Nov 4, 1927 (Address) Charleston 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 DATE OF BURIAL
L.O.O.F. Cemetery 11/8 1927

20. UNDERTAKER The Fair Undertaking ADDRESS Charleston

Marshall