

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

Do not use this space.

37708

1. PLACE OF DEATH

County..... Oregon Registration District No. 636
Township..... Woble Primary Registration District No. 5841
City..... (No.) St. Ward)

File No.
Registered No. 26
St. Ward)

2. FULL NAME Hartford Bryan

(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 1 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1911

7. AGE 15 YEARS MONTHS 5 DAYS 31 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Munger MO
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER F. C. Bryan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Beach Bum
(STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Birta Munn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iron Mt
(STATE OR COUNTRY) MO

14. INFORMANT F. C. Bryan
(Address) Altou MO

15. FILED 1/10 1928 Enoch Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1927 to Dec 1927 that I last saw him live on Dec 20 1927 and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

T.B. & Heart Disease
9311
95B
CONTRIBUTORY (SECONDARY) Hereditary (duration) 012 mos. da.
012 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Iron Co MO

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? non
(Signed) H. B. G. et M. D.
, 19 (Address) Altou 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 Baily Cemetery DATE OF BURIAL 12/21 1927

20. UNDERTAKER Odes Ake ADDRESS Altou

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon
Township Table
City (No.)

Registration District No. 636
Primary Registration District No. 5841

File No.
Registered No. 26
St. Ward)

2. FULL NAME

Hartford Obyer

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 5 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15. FILED 1/10/28 Enoch Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1927

17. I HEREBY CERTIFY That I attended deceased from 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

T. B. 12-13 year old disease
Tuberculosis of the Lungs

CONTRIBUTORY (SECONDARY)

Hereditary (duration) yrs. mos. ds.
31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.

, 19 (Address)

*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

19

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT BE A FEE FOR CERTIFICATES. THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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