

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

Do not use this space.

2241

1. PLACE OF DEATH

County Ray
Township Little York
City Ray (No. 111)

Registration District No. 914
Primary Registration District No. 6293-

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

James De Moss Brient

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1870

7. AGE YEARS MONTHS Days If LESS than 1 day, ____ hrs. or ____ min.
87 4 29

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)

(STATE OR COUNTRY) Ind

10. NAME OF FATHER

Peter Brient

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER

Mary Fox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind

14.

INFORMANT Mr. Ed. Hall
(Address) Ray Mo

15.

FILED Jan 20, 28 H. E. Grant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1928 to Jan 15 1928 that I last saw him alive on Jan 15 1928 and that death occurred, on the date stated above, at 4:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apothecy
82A 114th
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. R. Kelly M. D.

Jan 16, 1928 (Address) Norborne 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

New Hope Cem 1-17-28

20. UNDERTAKER

ADDRESS

B. F. Meach Braymer

K. 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.

PERMANENT RECORD

FEB 23 1928

Send to Mrs. W. G. Stout
for
R. F. H.
Harden mo