

22 1928

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

Do not use this space.

29727

1. PLACE OF DEATH

County Barre
Township Barre Fork
City (No.) (St.) (Ward)

Registration District No. 74
Primary Registration District No. 5113

File No. 13
Registered No. 13

2. FULL NAME

Walter Sherman Bryan

(a) Residence. No. 1415 - 1/2 - 1st St. Ward (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 | 2 | 16 | -

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

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Gallego, Mo.

10. NAME OF FATHER Walter Bryan

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Mo.

14. INFORMANT Ralph Bryan
(Address) Columbia, Mo.

15. FILED 9/20 19 28 Dr. J. L. Fawcett
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18 1928

17. I HEREBY CERTIFY That I attended deceased from July 23, 1925, to Sept 1, 1928
that I last saw alive on Sept 1, 1928, and that death occurred, on the date stated above, 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulcer of stomach

117A
(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) 117A
(duration) 1 yrs. 1 mos. 1 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? Test meal
(Signed) E. S. [unclear], M. D.

(Address) Columbia, 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
Tom McHardy 9-20 1928

20. UNDERTAKER ADDRESS
Columbia Cemetery Columbia, Mo.

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.

DEATH RECORD

APR 21 1968