

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

Do not use this space.

42944

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *City* *Hospital*)

Registration District No. *791*

Primary Registration District No. *8003*

File No.....
Registered No. *12217* St. Ward)

2. FULL NAME

William Bryan
(a) Residence. No. *307 Putz* St., *23* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widower*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 28-1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 | *9* | *15*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *Street Cleaner* *131*
(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) *Missouri*

10. NAME OF FATHER *Unknown*

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 *Harry Bryan*
(Address) *1829 Park Ave*

15. *DEC 15 1928*
FILED 19 *28*
W. C. Standley
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 13 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19....., and that death occurred on the date stated above, at *7:15 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Chronic Myocarditis
Sclerotic Kidneys*

CONTRIBUTORY (SECONDARY) *W. M. A.*
(duration) yrs. mos. ds.

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

19. OPERATION PRECIPITATED DEATH. DATE OF *12/15/28*
WAS THERE AN AUTOPSY? *yes*
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. W. Kerne*, M.D.
12/15/28 (Address) *Dep. Coram*

*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
Hillsboro Mo. *Apr 17 1928*

20. UNDERTAKER ADDRESS
W. M. M. Luykin *1631 1/2 mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

