

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

Do not use this space.

100 9688

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH
County Cook Registration District No. 85
Township St. Joseph Primary Registration District No. 1901
City St. Joseph Hosp. (No. St. Joseph Hosp.)
Registered No. 396 St. _____ Ward _____

2. FULL NAME Ruth Queen Bryant
(a) Residence. No. Davis City Ia Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 8 19
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) School
(c) Name of employer none
9. BIRTHPLACE (CITY OR TOWN) Woodland
(STATE OR COUNTRY) Iowa
10. NAME OF FATHER Albert Bryant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grand River
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Vera Brit
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fairview
(STATE OR COUNTRY) Iowa

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw her alive on _____, 19____, and that death occurred, on the date stated above, at _____ 6 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene Appendix
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Gen'l Peritonitis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Davis City Iowa
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-20-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS skin
(Signed) M.S. Hayes, M. D.
9/11, 1929 (Address) St Joseph 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.

14. INFORMANT Mrs Vera Bryant
(Address) Davis City Iowa
15. FILED 25 1929 John V. J. J. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Davis City Iowa DATE OF BURIAL Mar 27 1929
20. UNDERTAKER Deeman Funeral Home ADDRESS 1208 E. 1st

26
1
2
2
2

1929

