

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb
Township own
City Union Star Mo

Registration District No. 5364
Primary Registration District No. 242

File No. 660
Registered No. _____
St. _____ Ward)

2. FULL NAME

George S. Bryant
(a) Residence, No. Union Star #2 RR St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 7

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) reforched
(STATE OR COUNTRY)

10. NAME OF FATHER William Bryant

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Laura Bryant
(Address) Union Star Mo

15. FILED 1/20 1930 E M Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1929 to Jan 20 1930 that I last saw him alive on Jan 20 1930 and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lympho Sarcoma
53E
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 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 (Signed) E M Reynolds M. D.

1/20 1930 (Address) Union Star 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
Union Star Mo 1-23 1930

20. UNDERTAKER R. B. Taggart ADDRESS King City Mo

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

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