

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City 1003**)

File No. **10770**
Registered No. **2785**
St. Ward)

2. FULL NAME

(a) Residence No. **1826 Wash** St., **21** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Z Bryant*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 28 - 1860*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(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 *Noah Forbes*

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

12. MAIDEN NAME OF MOTHER *Margaret Runkel*

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

14. INFORMANT *Orman*
(Address) *City 1003*

15. FILED *9 12 30*
M. C. Tarlopf REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 17 1930*

17. I HEREBY CERTIFY, That I attended deceased from *March 13 1930* to *March 17 1930* (that I last saw him alive on *March 17 1930* and that death occurred, on the date stated above, at *8:30 a.m.*)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Chronic Nephritis
93E (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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? *Clinical Laboratory*
Carl H. Stutz (Signed) M. D.

21. ADDRESS *City 1003*

*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 *Leadwood mo* **DATE OF BURIAL** *3-19 1930*

20. UNDERTAKER *Arthur J. Donnelly* **ADDRESS** *2039 Wash St*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Bryant