

JUN 24 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15586

1. PLACE OF DEATH

County Ledger
 Township Linn
 City Stockton (No. _____)

Registration District No. 165
 Primary Registration District No. 5281

File No. _____
 Registered No. 24
 St. _____ Ward _____

2. FULL NAME Bobby B. Bryant

(a) Residence. No. _____ St. _____ 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

male

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

Infant

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

April 30, 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

0

0

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Not Any Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER

Russell H. Bryant

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Arcata

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Ethel M. Morzon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Green Co. Mo.

(STATE OR COUNTRY)

14.

INFORMANT Russell H. Bryant
 (Address) Stockton Mo.

15.

FILED

June 1930

E. J. Smith

REGISTRAR

Mary Bayless

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

17.

I HEREBY CERTIFY, That I attended deceased from May 1 1930, to May 2 1930, that I last saw him alive on May 2 1930, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown Cause
200B (duration) yrs. mos. ds.

CONTRIBUTORY
 (SECONDARY)

205B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OFWAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Smith M. D.June 1930 (Address) Stockton 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

Younger Cemetery 5/3 1930

20. UNDERTAKER

ADDRESS

W. C. Davis & Co Stockton

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.

