

DEC 22 1930

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

Do not use this space.

35821

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis, Mo. (No.)

Registration District No. 314
Primary Registration District No. 4190

File No.
Registered No. 26
St. Ward)

2. FULL NAME

Margaret Alice Bryan

(a) Residence. No. St., 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 2 - 1873</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>9</u>	DAY <u>6</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Beegans, Mo.
(STATE OR COUNTRY) Washington County

10. NAME OF FATHER Lovel Bryan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pant Pleasant, Va.
12. MAIDEN NAME OF MOTHER Elvira George
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Mo.

14. INFORMANT Mrs. W. H. Ford
(Address) St. Louis, Mo.

15. FILED 11/9/30 C. A. Beard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1930 to Nov. 8 1930, and that I last saw her alive on Nov. 8 1930, and that death occurred, on the date stated above, at 3:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burned by clothing taking fire from an open fire place
181 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 177 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Jas. A. Cruckitt, M. D.
11/9/30 (Address) St. Louis, 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 Beegans, Mo. DATE OF BURIAL Nov-10 1930

20. UNDERTAKER Labor F. Phillips ADDRESS St. Louis, Mo.

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.

Dr. J. G. C. C. C.