

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

Do not use this space.

40402

**PLACE OF DEATH**

County Pulaski,

Township Union

City Scotia Bryant, (No. ....)

Registration District No. 711

Primary Registration District No. 5740

File No. 36

Registered No. 17

St. .... Ward

**2. FULL NAME**

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

William S-Bryant,

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

8 - 6 - 1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

59

4

9

8. OCCUPATION OF DECEASED

Housewife

(a) Trade, profession, or particular kind of work.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Thomas C Wilson,

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pa

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Barbara Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Mrs. P. J. Bennett  
Wagon mo

15. FILED

12-17-30

A. S. Lide

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

12/15-

19

17.

I HEREBY CERTIFY, That I attended deceased from

Dec-13-1930, to Dec-15-, 1930

that I last saw h. ex alive on Dec-14-, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Cervix

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. J. Brider

M. D.

(Address)

12/15-30 Dixon 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

Dixon

12/17/1930

20. UNDERTAKER

ADDRESS

Fred W. Gillen

Dixon mo

Exact statement of OCCUPATION, cause of death, and cause of death in plain terms, so that it may be properly classified. N. B.—Every item of information shown on this certificate is very important.

