STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40502

1. PLACE OF DEATH
County St Francois
Township St Francois
City Elvins, Mo. (No. ..... St. ..... Ward)

Registration District No. 772
Primary Registration District No. 4469

File No. 782
Registered No. 1

JAN 22 1931

2. FULL NAME Mrs. Mae Bryson

(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 Ray Bryson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 1895

7. AGE: Years 35 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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) Ste Genevieve Co. Mo.

PARENTS
10. NAME OF FATHER Frank Reisinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis County Mo.
12. MAIDEN NAME OF MOTHER Celia Whitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ste Genevieve Co. Mo.

14. INFORMANT Wilma Whitten
(Address) Elvins, Mo.

15. FILED 12-31 1930 Edgar E. Whitside
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Dec 19, 1930 that I last saw her alive on Dec 1, 1930 and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes

57 (duration) ..... yrs. ..... mos. ..... ds.

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

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? .....

8

(Signed) Geo. L. Walkins, M. D
12/20, 1930 (Address) Farmington 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 Parkview Cemetery
DATE OF BURIAL 12/22 1930

20. UNDERTAKER Nesbit Und Co
ADDRESS Farmington Mo.

Exact statement of OCCUPATION is very important. If it may be properly classified, so that it may be DEALT in plain terms, so that it may be properly classified.