

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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

Do not use this space.

15288

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No. 8)

File No. \_\_\_\_\_

Registered No. 122

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Katherine Bryan

(a) Residence, No. 1609 E. Broadway 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. 1 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 Robert P. Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1870

7. AGE YEARS 61 MONTHS 8 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Missouri

FATHER 13. NAME Chas. H. Schutzy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lusa Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Missouri

17. INFORMANT (ADDRESS) Robert P. Bryan Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. DATE 5-28-32

19. UNDERTAKER (ADDRESS) W. H. Vandeventer Columbia, Mo.

20. FILED 57271 1932 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Said Dec, 1932, to May 26, 1932. I last saw her alive on May 26, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows: Cancer Stomach Date of onset \_\_\_\_\_

Other contributory causes of importance: 460

Name of operation no Date of operation \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: What test confirmed diagnosis no Date of injury \_\_\_\_\_, 1932

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_

(Signed) W. A. Morris, M. D. (Address) Columbia, Mo.

SEP 22 1940