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.
20855

1. PLACE OF DEATH
County ..... Registration District No. 791 ..... File No. .....
Township ..... Primary Registration District No. ..... Registered No. 5341
City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 10892 Alice Bryant
(a) Residence, No. 3029 Eads St. 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16-1871
7. AGE YEARS 60 MONTHS 9 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) 1-32
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

FATHER
13. NAME John Hardison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Delilah Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Hospital Information Grd Koff City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morley Mo. DATE June 5, 1932

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Ave

20. FILED JUN 4 1932 Lucy C. Harden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th, 1931, to June 3rd, 1932
I last saw her alive on June 3rd 1932 Death is said to have occurred on the date stated above, at 10.15 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lung | |
| 475 | |
| 475 | |

Other contributory causes of importance:

1

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Refused

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
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) V. E. Scherman, M. D.
(Address) City Hospital

Bryant