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.

AUG 23 1932

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

Do not use this space.
22344

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 168
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson City (No. , St. Ward)

2. FULL NAME Billy Bryan, Jr.
(a) Residence, No. Wainwright, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1920

7. AGE: YEARS 11 — MONTHS 11 — 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. At school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Wainwright, Mo.

FATHER
13. NAME Wm. S. Bryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County.

MOTHER
15. MAIDEN NAME Ethyl Thorp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

17. INFORMANT (ADDRESS) Lamme A. Bryan, Wainwright, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wainwright, Mo. DATE 7/25/1932

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home, Jefferson City, Missouri.

20. FILED 7/26/1932 W. Bedford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932 to July 23, 1932
I last saw him alive on July 23, 1932. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis — Date of onset 7-4-32

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Other contributory causes of importance: General Cerebrotonitis (1)

Name of operation Appendectomy Date of 7-6-32
What test confirmed diagnosis? Physical Was there an autopsy? No

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?
If so, specify
(Signed) H. J. Taylor, M. D.
(Address) Jefferson City Mo