

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

Do not use this space.

32313

1. PLACE OF DEATH

County JACKSON Registration District No. 385
 Township KAW Primary Registration District No. 2008
 City KANSAS CITY No. 3927, BELLEFONTAINE St. _____ Ward _____

File No. _____
 Registered No. 3842
 St. _____ Ward _____

2. FULL NAME BERNARD CARLISLE BRYAN

(a) Residence, No. 3927-BELLEFONTAINE, 16 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 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 MRS. ELIZABETH MABLE BRYAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-8-1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>8</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WHEELING CORRUGATING CO.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 92

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

13. NAME JOSEPH BRYAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW JERSEY

15. MAIDEN NAME WITTEY FCKERT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT MRS. ELIZABETH MABLE BRYAN (ADDRESS) 3927-BELLEFONTAINE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE OCTOBER-15-1932

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST

20. FILED 10/13, 1932 M. M. Cravens Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-12-1932

22. I HEREBY CERTIFY, That I attended deceased from MAR. 2, 1932, to OCT. 13, 1932

I last saw him alive on OCT. 12, 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:

Acute Heart failure following mitral disease with Cardiac dilatation and Coronary disease

Other contributory causes of importance: Chronic U. Pericarditis

Name of operation Physical findings sets

What test confirmed diagnosis? Electrocardiogram 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? No

If so, specify _____

(Signed) F. H. Mar, M. D.

(Address) 10 Kansas City, Mo

9/5 am yte

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.

915 Argyle Bldg.

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